

19-10651

IN THE
United States Court of Appeals
FOR THE ELEVENTH CIRCUIT

DARREN MICKELL, an individual,
Plaintiff-Appellant,

—v.—

BERT BELL / PETE ROZELLE NFL PLAYERS RETIREMENT PLAN,
a welfare benefit plan,
Defendant-Appellee.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA

APPENDIX
VOLUME IV OF VII

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Darren Mickell v. Bert Bell/Pete Rozelle NFL Players Retirement Plan

No. 19-10651-A

INDEX OF APPENDIX

FILE DATE	DOCKET/ TAB	DOCUMENT TITLE	PAGE
	A	District Court Docket	1
10/16/15	1	Complaint	13
11/18/15	10	Answer to Plaintiff's Complaint	101
11/18/15	52	Excerpts from Attachments to Defendant's Motion for Judgment	117
01/15/19	60	Order on Parties' Dispositive Motions	1546
01/15/19	61	Final Judgment	1572
	Cert of SVC	Certificate of Service	

SAN DIEGO CHARGERS FOOTBALL CLUB HISTORY AND PHYSICAL EXAM

INSTRUCTION: This form is for your benefit: you must disclose all injuries or problems whether you consider them to have been serious or minor.

Name: Darren Mickell Position: DE Today's Date: 1-13-00
 Birth Date: 7-70 Age: 29 Place of Birth: Miami, FL
 Social Security Number: [REDACTED] 1926 College Attended: Univ. of Florida
 Height: 6'5 Weight: 285 Total Years in Pro Sports: 7 Presents Status: UF
 List Your Professional Teams: Team Kansas City Chiefs Years: 4
 Team N.O. Saints Years: 3 Team _____ Years: _____

____ LABORATORY WORK

____ EKG

____ X-RAYS

____ GENERAL MEDICAL EXAMINATION/BLOOD PRESSURE ____/____/____

____ ORTHOPEDIC EXAMINATION

____ DENTAL EXAMINATION

____ EYE EXAMINATION



MICKELL-0631

A0747

MICKELL-0632

A0748

SAN DIEGO CHARGERS FOOTBALL CLUB **MEDICAL EXAMINATION AND AUTHORIZATIONS**

Name: _____

Darren Mickell

Date: _____

1-14-00

Reference is made to the existing Standard Player Contract or NFL Player Contract between the San Diego Chargers (Club) and the undersigned (Player), as set forth in the "Contract" to his contractually required physical examination by the Club Physician given on this date.

- A. **PRESENT PHYSICAL CONDITION:** I have previously warranted and represented the Club, under Paragraph 8 of my contract, that I am in excellent physical condition. Upon reporting to the Club, I filled out a "Health History" form, and was examined by Club Physicians. Recognizing that my true physical condition (and a physician's ability to ascertain same) is dependent upon an accurate medical history, I have fully disclosed, in writing, my prior medical history and present symptoms, complaints and ailments.
- B. **COMPLETE DISCLOSURE:** I represent and warrant that at the time of this physical examination, I have made a full and complete disclosure, to the Club Physician conducting the exam, all existing and prior physical and mental defects, illnesses, injuries, and other conditions known to me. I have not withheld or failed to disclose to such Physician any existing or previous defect, illness, injury, impairment or other physical and/or mental condition of which I have knowledge.
- C. **RELEASE:** I hereby fully release that Club, its successors and assigns, of and from any and all liability, claims, demands, damages, suits, and causes of action resulting from and/or arising out of, incident to, or in any manner, in connection with any existing or prior physical or mental defect, illness, injury or other condition known to me not disclosed to the club physician at the time of this physical examination, including but not limited to any aggravation or re-injury of or to any such existing or prior condition.
- D. **FUTURE COMPLAINTS:** I acknowledge receipt of instructions from the Club that all future injuries, medical problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the Club Athletic Trainers; no matter how minor or insignificant I deem them to be.
- E. **RELEASE EXAMINATION:** I acknowledge receipt of instructions from the Club that I must submit to another physical examination by a Club Physician at the season's conclusion, or in the event of my being traded or being placed on waivers; at which time I shall record in writing all symptoms, complaints or ailments, if any, I may be experiencing.
- F. **CLUB MEDICAL RECORDS:** I hereby authorize the Club to transfer and forward my complete medical record and files to any other NFL Club to which my contract may be traded or assigned. Such authorization extends to the Club's Physicians and their successors and to any hospital, clinic or institution to which I may be referred or admitted in connection with any illness, injury, test or treatment and I hereby release all of such persons and institutions from any and all claims by reason thereof.
- G. **PRIOR MEDICAL RECORDS:** I hereby authorize and empower the Club and its representatives to examine, copy and/or obtain copies of any and all medical records relating to my prior health history, injury, complaints, tests, findings and treatments and I hereby authorize all physicians, hospitals, clinics, schools, colleges, NFL Clubs and other professional teams or organizations that may possess such records, to make them freely available to Club representatives. I do hereby release and discharge all such persons and institutions from any and all claims by reason thereof.
- H. **MEDICAL TREATMENT:** I hereby authorize the Club Team Physicians and Medical Consultants to examine and treat any injuries which may occur while playing for the Club. I authorize the Team Physicians and Medical Consultants to communicate with the Club Officials regarding their findings and recommendations. I also authorize the Club Athletic Trainers to treat any and all such injuries which occur while playing for the Club.

WORKERS COMPENSATION: I acknowledge that I have received a copy of the updated pamphlet entitled facts About Workers Compensation. I have read this and understand it.

Player Signature _____

Witness _____

Date _____

Date _____

MICKELL-0633

A0749

SAN DIEGO CHARGERS FOOTBALL CLUB HISTORY AND PHYSICAL EXAM

INSTRUCTION: This form is for your benefit: you must disclose all injuries or problems whether you consider them to have been serious or minor.

Name: _____ Position: _____ Today's Date: _____
Birth Date: _____ Age: _____ Place of Birth: _____
Social Security Number: _____ College Attended: _____
Height: _____ Weight: _____ Total Years in Pro Sports: _____ Presents Status: _____
List Your Professional Teams: Team _____ Years: _____
Team _____ Years: _____ Team _____ Years: _____

____ LABORATORY WORK

____ EKG

____ X-RAYS

____ GENERAL MEDICAL EXAMINATION/BLOOD PRESSURE ____/____/____

____ ORTHOPEDIC EXAMINATION

____ DENTAL EXAMINATION

____ EYE EXAMINATION



[illegible]

DATE: REASON:

DATE:	OPERATION:	DOCTOR:	CITY:
1990	(C) knee Arthroscopic	Team DR	Gainesville FL
1995	(B) knees "	"	KC MO
1998	(R) shoulder "	"	New Orleans

NAME: Damen Mickell DATE: 1-13-00

**SAN DIEGO CHARGERS FOOTBALL CLUB
GENERAL MEDICAL PHYSICAL EXAMINATION**

Height	Weight
Pulse	B.P.
General Appearance	
Skin	
Head, Eyes	
Ears	
Nose	
Mouth and Pharynx	
Tongue	
Teeth	
Neck	
Lymph Nodes	
Thyroid	
Lungs	
Heart	
Abdomen	
Hernia	
External Genitalia	
Joints	
Neurological Exam	
NAME: _____ DATE: _____	

SAN DIEGO CHARGERS FOOTBALL CLUB ORTHOPAEDIC EXAMINATION

NAME: Darren Mickell DATE: 1-13-00

1. CONCUSSION: No ☒; Yes ☐; Year/s ☐; Recurrent ☐; MRI ☐; CT-Scan ☐

If YES, Describe: _____

2. NECK: History of Injury: No ☒; Yes ☐ If YES, Describe /Findings: _____

Range of Motion: Normal ☒; Restricted ☐; Burners: No ☐ Yes ☐

MRI: No ☐; Yes ☐; C-Spine X-Rays: No ☐; Yes ☐; Findings: _____

3. SHOULDER: History of Injury: Right: No ☐; Yes ☒ Date: 1998

Left: No ☐; Yes ☐; Date: _____

If YES, Describe: (R) Shoulder Arthroscopic

Range of Motion: Right: Normal ☒; Restricted ☐

Left: Normal ☒; Restricted ☐

Dislocation: No ☒; Yes ☐; X-Rays: No ☐; Yes ☐; Surgery: No ☐; Yes ☐

Findings: George Portas Rt Excellent Strength
Xg - recurrent C⁶ ant acromion Acft narrow

4. ELBOW / ARM: History of Injury: Right: No ☒; Yes ☐; Date: _____

Left: No ☒; Yes ☐; Date: _____

If YES, Describe: _____

Range of Motion: Right: Normal ☒; Restricted ☐

Left: Normal ☒; Restricted ☐

Dislocation: No ☐; Yes ☐; X-Rays: No ☐; Yes ☐; Findings: _____

MICKELL-0637

A0753

X-RAY FINDINGS, SUMMARY AND RECOMMENDATIONS: _____

☒ PASSED ☐ FAILED

I do hereby attest that the answers and information given are true to the best of my knowledge, including the reporting of all injuries to date.

SIGNATURE OF PLAYER: [Signature] DATE:

A0754



HEALTH HISTORY

NAME

DARREN MICKELL

DATE

1-13-00

INSTRUCTIONS:

Answer each of the following questions. Fully explain all questions that were answered YES in the space below.
List the question number, dates, procedures, hospitalization and Doctors' names where appropriate.

HAVE YOU EVER HAD OR ARE YOU CURRENTLY EXPERIENCING:

	NO	YES		NO	YES
1 Rheumatic fever?	<input checked="" type="checkbox"/>		23 Frequent cough after exercise?		
2 Malaria?	<input checked="" type="checkbox"/>		24 Frequent abdominal pain?		
3 Hepatitis (Jaundice)?	<input checked="" type="checkbox"/>		25 Frequent indigestion (Heart burn)?		
4 Meningitis?	<input checked="" type="checkbox"/>		26 Stomach or peptic ulcer?		
5 Tuberculosis?	<input checked="" type="checkbox"/>		27 Appendicitis?		
6 Mononucleosis?	<input checked="" type="checkbox"/>		28 Colitis or bowel disease?		
7 Gonorrhea or Syphilis?	<input checked="" type="checkbox"/>		29 Constipation?		
8 Frequent Skin Infections or Boils?	<input checked="" type="checkbox"/>		30 Frequent or bloody diarrhea?		
9 Sinusitis?	<input checked="" type="checkbox"/>		31 Hemorrhoids or rectal bleeding?		
10 Frequent upper respiratory infections?	<input checked="" type="checkbox"/>		32 Liver or gall bladder disease?		
11 Pneumonia or pleurisy?	<input checked="" type="checkbox"/>		33 Kidney or bladder infections?		
12 Frequent sore throats?	<input checked="" type="checkbox"/>		34 Kidney or gall bladder stones?		
13 Epilepsy (seizure)?	<input checked="" type="checkbox"/>		35 Difficulty or pain urinating?		
14 Frequent headaches?	<input checked="" type="checkbox"/>		36 Passed blood, pus, or sugar in urine?		
15 Migraine headaches?	<input checked="" type="checkbox"/>		37 Sex problems?		
16 Dizziness?	<input checked="" type="checkbox"/>		38 Hernia?		
17 Chest pain with exercise?	<input checked="" type="checkbox"/>		39 Diabetes?		
18 Fainted/Passed out?	<input checked="" type="checkbox"/>		40 Thyroid trouble?		
19 High or low blood pressure?	<input checked="" type="checkbox"/>		41 Anemia or sickle cell trait?		
20 Irregular heart beat?	<input checked="" type="checkbox"/>		42 Ear disease, injury or impaired function?		
21 Heart murmur?	<input checked="" type="checkbox"/>		43 Eye disease, injury or impaired function?		
22 Asthma?	<input checked="" type="checkbox"/>		44 Cancer (Tumor)?		
45 Depression, nervous breakdown, seen or been advised to see a psychiatrist?					
46 Any drug or narcotic habit or have been treated for one?					
47 A single paired organ (one eye, kidney or testicle)?					
48 Any illness or condition not listed above? If so give details below.					

List the question number and give details to all YES questions:

NAME

DARREN MICKELL

DATE

1-13-00

MICKELL-0639

A0755

PERSONAL INFORMATION	NO	YES	QUANTITY/FREQUENCY
Do you wear glasses or contacts?			
Do you have false teeth or bridge work?			
Do you smoke cigarettes? If so how much?			
Do you dip snuff or chew tobacco? If so how much?			
Do you drink alcoholic beverages? If so how much?			
Do you take any medications? If so please list.			
A.			
B.			
C.			
D.			

FAMILY HISTORY	Mother	Father	Brother(s)	Sister(s)	Others
If alive list age(s).					
If deceased list age when occurred.					
Has a history of:					
Heart disease					
Stroke					
High blood pressure					
Cancer					
Diabetes					
Epilepsy					
Mental illness					
Blood diseases: sickle cell anemia or trait, leukemia etc.					
Has any family member died of a heart attack under the age of 50 years of age?					YES / NO
Does any family member have a drug or alcohol problem?					YES / NO

ALLERGIES	NO	YES	If YES describe the reaction you had.
Penicillin			
Sulfa medications			
Tetracycline medications			
Codeine			
Aspirin			
Anti-inflammatory medications			
Tetanus Antitoxin or Serums			
Others (list medications and foods)			Describe reaction
a.			
b.			
c.			
d.			
e.			

PRIOR IMMUNIZATIONS	NO	YES	Approximate date of last shot
Tetanus			
Measles			
Chickenpox			

NAME _____ DATE _____

MICKELL-0640

A0756

5. WRIST: History of Injury: Right: No ☒ ; Yes ☐ ; Date: _____

Left: No ☒ ; Yes ☐ ; Date: _____

If YES, Describe: _____

Range of Motion: Right: Normal ☒ ; Restricted ☐

Left: Normal ☒ ; Restricted ☐

Dislocation: No ☐ ; Yes ☐ ; X-Rays: No ☐ ; Yes ☐ ; Findings: _____

6. HAND: History of Injury: Right: No ☒ ; Yes ☐ ; Date: _____

Left: No ☒ ; Yes ☐ ; Date: _____

If YES, Describe: _____

Range of Motion: Right: Normal ☒ ; Restricted ☐

Left: Normal ☒ ; Restricted ☐ *at little to no bony union*

X-Rays: No ☐ ; Yes ☐ ; Findings: *fixed*

7. FINGERS: History of Injury: Right: No ☒ ; Yes ☐ ; Date: _____

Left: No ☒ ; Yes ☐ ; Date: _____

If YES, Describe: _____

Range of Motion: Right: Normal ☒ ; Restricted ☐

Left: Normal ☒ ; Restricted ☐

X-Rays: No ☐ ; Yes ☐ ; Findings: _____

8. SPINE / LOW BACK: History of Injury: No ☒ ; Yes ☐ ; If YES, Describe _____

X-Rays: No ☐ ; Yes ☐ ; Findings: _____

Range of Motion: Normal ☒ ; Restricted ☐ ; Flexibility _____

Spondylolysis: No ☐ ; Yes ☐ ; Spondylolisthesis: No ☐ ; Yes ☐

MRI: No ☐ ; Yes ☐ ; CT Scan: No ☐ ; Yes ☐ ; Bone Scan: No ☐ ; Yes ☐

9. RIB FRACTURE: History of Injury: No ☒; Yes _____; Right _____; Left _____

Sternum: No _____; Yes _____; X-Rays: No _____; Yes _____

If YES, Describe _____

10. HIP: History of Injury: Right: No ☒; Yes _____; Date: _____

Left: No ☒; Yes _____; Date: _____

If YES, Describe: _____

Range of Motion: Right: Normal ☒; Restricted _____

Left: Normal ☒; Restricted _____

Leg Length: Right: _____; Left: _____

11. HAMSTRING: History of Injury: Right: No ☒; Yes _____; Date: _____

Left: No ☒; Yes _____; Date: _____

If YES, Describe: _____

Ever Injected?: No _____; Yes _____

Recurrent: No _____; Yes _____ Date/s: _____

Flexibility: nl

12. GROIN: History of Injury: Right: No ☒; Yes _____; Date: _____

Left: No ☒; Yes _____; Date: _____

If YES, Describe: _____

Ever Injected?: No _____; Yes _____

Recurrent: No _____; Yes _____ Date/s: _____

Flexibility: nl

13. QUAD: History of Injury: Right: No ☒ ; Yes _____ ; Date: _____
 Left: No ☒ ; Yes _____ ; Date: _____

If YES, Describe: _____

Recurrent: No _____ ; Yes _____ Date/s: _____

X-Rays: No _____ ; Yes _____ ; Calcium Deposits? No _____ ; Yes _____

14. KNEE: History of Injury: Right: No _____ ; Yes ☒ ; Date: 1995
 Left: No _____ ; Yes ☒ ; Date: 1990, 1995.

If YES, Describe: (C) Knee Arthroscopy 90', (D) Knee Arthroscopy 1995 ; (A) PFC Implants

Surgery: No _____ ; Yes ☒ ; Type: Scope: _____ ; Reconstruction: U/S Stable

Measurements: Thigh: Right 4" _____ ; 8" _____ Left 4" _____ ; 8" _____ Exam @ Office R/L

Calf: Right 4" _____ Left 4" _____

Range of Motion: Right: Normal _____ ; Restricted: EXT. 0 FLEX. 135

Left: Normal _____ ; Restricted: EXT. 0 FLEX. 135

Instability: Right: ☒ ; Left: ☒

Brace Worn?: No ☒ ; Yes _____ ; If YES, Type of Brace: (C) - Lat Patella & Spine brace

X-Rays: No _____ ; Yes _____ ; MRI: No _____ ; Yes _____ ; Findings: (C) M/C & Spine satisfactory

5. ANKLE / LOWER LEG: History of Injury: Right: No ☒ ; Yes ☒ ; Date: this wk (C) Knee & ankle surgery
 Left: No ☒ ; Yes _____ ; Date: _____

If YES, Describe: _____

Surgery: No _____ ; Yes _____ ; Type: Scope: _____ ; Reconstruction: _____

Range of Motion: Right: Normal _____ ; Restricted: old DF & instability & swelling

Left: Normal ☒ ; Restricted _____

Instability: Right _____ ; Left _____ ; Recurrent: No _____ ; Yes _____

Fracture/s: No _____ ; Yes _____ ; Type: _____

Surgery: No _____ ; Yes _____ ; Date/s: _____ ; Hardware _____

X-Rays: No _____ ; Yes ☒ ; Findings: (C) Rt ankle by

16. ACHILLES TENDON / TENDONITIS:

History of Injury: Right: No ☒; Yes _____; Date: _____Left: No ☒; Yes _____; Date: _____

If YES, Describe: _____

Surgery: No _____; Yes _____; Type: Scope: _____; Reconstruction: _____

Range of Motion: Right: Normal ☒; Restricted _____Left: Normal ☒; Restricted _____

Recurrent Problem?: No _____ Yes _____

Has Injured Area Ever Been Injected?: No _____; Yes _____; Date/s _____

17. FOOT / TOES: History of Injury: Right: No ☒; Yes _____; Date: _____Left: No ☒; Yes _____; Date: _____

If YES, Describe: _____

Surgery: No _____; Yes _____; Type: Scope: _____; Reconstruction: _____

Range of Motion: Right: Normal ☒; Restricted _____Left: Normal ☒; Restricted _____

Instability: Right: _____; Left: _____; Recurrent: No _____; Yes _____

Fracture/s: No _____; Yes _____; Type: _____

Surgery: No _____; Yes _____; Date/s _____; Hardware _____

X-Rays: No _____; Yes _____; Date / Findings: _____

Great Toe / Turf Toe/s: No _____; Yes _____; Injections: No _____; Yes _____

Orthotics Worn?: No _____; Yes _____

18. Has Any Body Part Ever Been Injected For Play or Practice? No _____; Yes _____

If YES, Body Part/s and Date/s: _____

19. Medications presently taking and reason: _____

GENERAL REMARKS AND FINDINGS:

Rt. Shoulder show recurrent CH^2 art. acro-
 & AC jt narrow - Exam is very painful
 xg - Knees show - Patella femoral narrow later
 & Rt ankle ng

RECOMMENDATIONS AND / OR FURTHER TEST / EVALUATIONS:

It has acute ankle sprain that
 prevents him from playing
 I expect this will resolve
 in 3 weeks time. However
 today he does not pass the test



PASSED



FAILED

because of acute ankle sprain

11/14/00
DATE OF EXAMINATION

Paul C. Murphy
SIGNATURE OF EXAMINING PHYSICIAN

Paul Murphy
SIGNATURE OF PLAYER

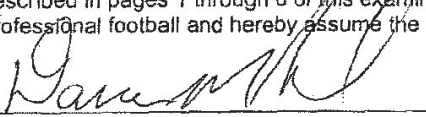
**SAN DIEGO CHARGERS
DISCLOSURE / INFORMED CONSENT**

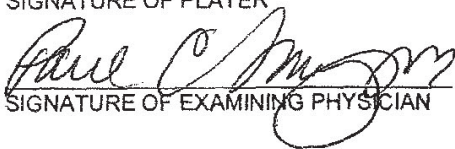
I have received a full explanation from the examining physician as to my present condition and medical findings from this examination in pages 1 through 6 of this document as well as what proper treatment and/or care of such stated findings should be followed.

I have received a full explanation from the examining physician that to play professional football may result in the aggravation or deterioration of such physical condition(s).

I hereby affirm that all statements on pages 1 through 6 are true and correct and that no information has been withheld pertaining to my past and present physical, mental and injury history. If any information is false or omitted in reference to my medical history I fully understand that the San Diego Chargers Football Club is not responsible for any unknown past medical history.

I fully understand the possible consequences of playing professional football with the condition(s) described in pages 1 through 6 of this examination. Nonetheless, I desire to continue to play professional football and hereby assume the risk of the matters as described.


SIGNATURE OF PLAYER


SIGNATURE OF EXAMINING PHYSICIAN

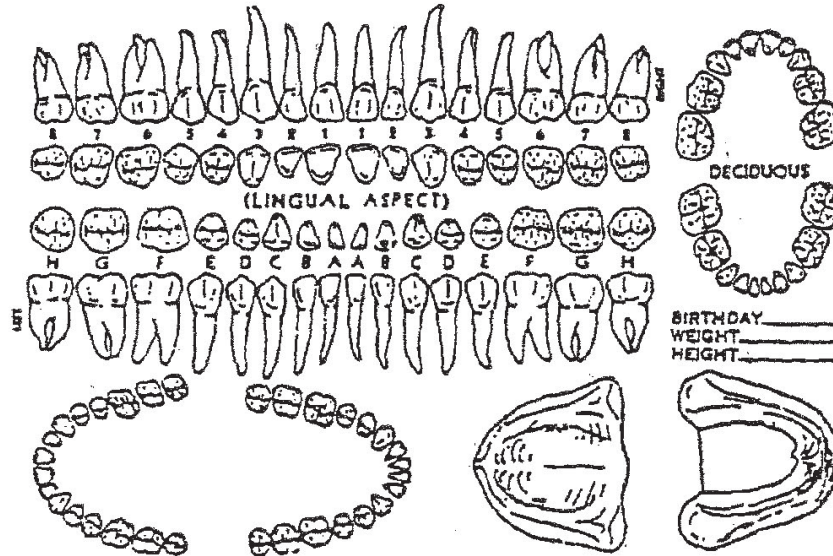
WITNESS

DATE

**SAN DIEGO CHARGERS FOOTBALL CLUB
DENTAL EXAM**

NAME: _____ DATE: _____

HISTORY: _____



FINDINGS & SUMMARY: _____

EXAMINING DENTIST: _____ DATE: _____

SAN DIEGO CHARGERS FREE AGENT WAIVER FORM

READ CAREFULLY
THIS IS A FREE AGENT WAIVER AND RELEASE OF LIABILITY

WHEREAS, Darren Mickell (hereinafter known as the Undersigned) who is not an Employee of the San Diego Chargers, has a desire to participate in various exercises and workouts at the San Diego Chargers training facility, and;

WHEREAS, the Undersigned declares and warrants:

- A. That he neither has now, nor has he ever had an illness, disease, injury, infirmity, disability of any kind or nature, or any physical or mental condition which might be aggravated or caused to become active again by any reason of physical or mental activity and stress involved in or required by the activities of a football player; and
- B. That he fully understand the risk involved in that it is possible to sustain serious injury during the course of said exercises and workouts; and
- C. That he acknowledges that he has been made no promise of employment and understands that allowing him to participate in the football tryouts does not constitute employment by the San Diego Chargers,

NOW, THEREFORE, in consideration of the opportunity to participate in the aforementioned exercise and workouts, I, the Undersigned, fully covenant not to sue and forever discharge the San Diego Chargers, its officers, agents, partners, employees, athletic trainers, physicians, players, coaches and the National Football League (hereinafter known as Releasees) from any and all liability to the Undersigned, my personal representative, assigns, heirs and next of kin for any and all loss or damage and any claims or demands thereof on account of injury to the person or property or resulting in the death of the Undersigned, whether caused by negligence of Releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT

Player's Signature: Darren Mickell

Date: 1-17-00

Printed Signature: Darren Mickell

Witness Signature: _____

CHARGERS

San Diego Chargers
4020 Murphy Canyon Rd
San Diego, CA
92123

Athletic Training Dept. Fax

To: Dean Kleinschmidt From: Scott Trulock

Fax: 504-731-1805 Fax: 858-292-2763

Re: Darren Mickell Phone: 858-874-4506

Date: 3-21-00 Pages: 2

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Please send a copy of the medical file for this player at your convenience. I have included the signed release for medical information. Please call me if you have any questions.

Thanks for your help,

Scott



CONFIDENTIAL

MICKELL-0649

A0765

**SAN DIEGO CHARGERS FOOTBALL CLUB
MEDICAL EXAMINATION AND AUTHORIZATIONS**

Name: _____

Darren Mickell

Date: _____

1-14-00

Reference is made to the existing Standard Player Contract or NFL Player Contract between the San Diego Chargers (Club) and the undersigned (Player), as set forth in the "Contract" to his contractually required physical examination by the Club Physician given on this date.

- A. **PRESENT PHYSICAL CONDITION:** I have previously warranted and represented the Club, under Paragraph 8 of my contract, that I am in excellent physical condition. Upon reporting to the Club, I filled out a "Health History" form, and was examined by Club Physicians. Recognizing that my true physical condition (and a physician's ability to ascertain same) is dependent upon an accurate medical history, I have fully disclosed, in writing, my prior medical history and present symptoms, complaints and ailments.
- B. **COMPLETE DISCLOSURE:** I represent and warrant that at the time of this physical examination, I have made a full and complete disclosure, to the Club Physician conducting the exam, all existing and prior physical and mental defects, illnesses, injuries, and other conditions known to me. I have not withheld or failed to disclose to such Physician any existing or previous defect, illness, injury, impairment or other physical and/or mental condition of which I have knowledge.
- C. **RELEASE:** I hereby fully release that Club, its successors and assigns, of and from any and all liability, claims, demands, damages, suits, and causes of action resulting from and/or arising out of, incident to, or in any manner, in connection with any existing or prior physical or mental defect, illness, injury or other condition known to me not disclosed to the club physician at the time of this physical examination, including but not limited to any aggravation or re-injury of or to any such existing or prior condition.
- D. **FUTURE COMPLAINTS:** I acknowledge receipt of instructions from the Club that all future injuries, medical problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the Club Athletic Trainers; no matter how minor or insignificant I deem them to be.
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- F. **CLUB MEDICAL RECORDS:** I hereby authorize the Club to transfer and forward my complete medical record and files to any other NFL Club to which my contract may be traded or assigned. Such authorization extends to the Club's Physicians and their successors and to any hospital, clinic or institution to which I may be referred or admitted in connection with any illness, injury, test or treatment and I hereby release all of such persons and institutions from any and all claims by reason thereof.
- G. **PRIOR MEDICAL RECORDS:** I hereby authorize and empower the Club and its representatives to examine, copy and/or obtain copies of any and all medical records relating to my prior health history, injury, complaints, tests, findings and treatments and I hereby authorize all physicians, hospitals, clinics, schools, colleges, NFL Clubs and other professional teams or organizations that may possess such records, to make them freely available to Club representatives. I do hereby release and discharge all such persons and institutions from any and all claims by reason thereof.
- H. **MEDICAL TREATMENT:** I hereby authorize the Club Team Physicians and Medical Consultants to examine and treat any injuries which may occur while playing for the Club. I authorize the Team Physicians and Medical Consultants to communicate with the Club Officials regarding their findings and recommendations. I also authorize the Club Athletic Trainers to treat any and all such injuries which occur while playing for the Club.

WORKERS COMPENSATION: I acknowledge that I have received a copy of the updated pamphlet entitled facts About Workers Compensation. I have read this and understand it.

Player Signature

Witness

Date

Date

Darren Mickell
Scott Zuber

1-14-00

MICKELL-0650

A0766

HEALTH RECORD

NAME: MICKELL, DARREN

ORTHOPAEDIC PROBLEMS:

MEDICAL PROBLEMS:

RISK:

MICKELL-0651

A0767

NEW ORLEANS SAINTS

MICKELL, DARREN

MEDICAL HISTORY

ORTHOPEDIC:

Hs. of hBP, (Bilat) Knee Soreness Arthroscopy (3X R, 2X R), Hs. Bilat Foot Spr.
1993 - (R) AC Spr., (R) Hand Spr., (R) Ankle Spr.
1995 - (R) AC Spr., (R) Little Finger Dislocation, (R) Ankle Spr.

MEDICAL:

ALLERGIES:

MICKELL-0652

A0768

Southern Orthopaedic Specialists
Drs. Williams, Habig, Moss, Millet, Finney and Hoffman...

Southern Orthopaedic Specialists

Drs. Williams, Habig, Moss, Millet, Finney and Hoffman
2731 Napoleon Avenue, New Orleans, LA 70115 * (504) 897-6351

F. H.

Patient Name: Darren Mickell
File Number: 11-7498-2
Account Number: 68000
Claim Number:
Date of Visit: Wednesday, September 13, 1999
NAPOLEON OFFICE

Chief Complaint: Physical examination for the New Orleans Saints

Present Illness: Mr. Mickell is a 29 year-old single male. He did not play professional football last year. He is here for a physical examination

he had right shoulder surgery in February of 98 by Dr. Finney. He states that his right shoulder is doing fine. He denies having any pain. He has a history of surgery on both knees. He states the last surgery was in 1995. This was performed in Kansas City and was for chondromalacia of the patella. He states that his knees are doing fine at this time. He denies being on any medication. He denies having any swelling of either knee. He has a history of having a back problem in 1996 but he had an MRI performed which was negative for a ruptured disc. He states that he has occasional low back pain particularly early in the season when he is lifting weights and getting into shape. He currently denies any complaints of back pain or leg pain. He also has a history of injury to his right little finger and has lost motion in that finger. He has a history of injuries to his right long and ring fingers in 1993 and a dislocation to the left long finger in 1994

Review of Systems: Unchanged.

Past Medical History: Unchanged.

Physical Examination: Shoulder exam showed full range of motion bilaterally. Rotator cuff strength appeared normal bilaterally. He had no apprehension with abduction/external rotation

right hand exam showed a 35 degree flexion contracture of the right little finger at the P. IP joint

back exam showed full range of motion. Straight leg raise negative to 90°. Reflexes symmetrical.

Knee exam shows moderate patellofemoral crepitus with active range of motion of the right knee with advanced crepitus with active range of motion of the left knee. No evidence of effusion to either knees.

No instability. Negative McMurray's test bilaterally

MICKELL-0653

*Southern Orthopaedic Specialists
Drs. Williams, Habig, Moss, Millet, Finney and Hoffman
2731 Napoleon Avenue, New Orleans, LA 70115 * (504) 897-6351*

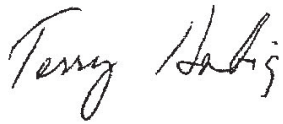
Medical Decision-Making:

X-Rays: X-rays of his knees in standing AP view show that he has excellent joint space bilaterally. A lateral x-ray of the left knee shows irregularity on the undersurface of the patella consistent with chondromalacia of the patella

Impression:

1. Chondromalacia patella, advanced left knee, moderate right knee
2. Status post arthroscopy right shoulder with satisfactory outcome
3. History of recurrent lumbosacral strain-he probably has a degenerative lumbar disc

Plan: I believe that this patient is able to play professional football. I think his biggest concern would be his left knee. Most likely his left knee will flare up on him or becomes sore with practicing and playing everyday but thickly on a hard surface. He will probably require NSAIDs. He has had some back problems also but usually this type problem has resolved with conservative management. I would rate this player at the 3 level



Terry L. Habig, M.D.

cc: Coach Mike Ditka

cc: Mr. Dean Kleinschmidt ✓

cc: Mr. Bill Kuharch

☐ ABN Attached

Tenet Louisiana HealthSystem

* DENOTES ABN IS REQUIRED

<input type="checkbox"/> Routine	<input type="checkbox"/> ASAP	<input type="checkbox"/> S
----------------------------------	-------------------------------	----------------------------

INFORMATION RELEASE /
ASSIGNMENT AUTHORIZATION

I authorize the release of any medical information necessary to process a claim. I request payment to provider of any medical insurance benefits.

SIGNATURE

DATE 8-13-49

General Instructions for Governmental Payers: All orders for clinical laboratory tests must include a statement of the medical reason for those tests. The reason(s) listed below must be linked with the test(s) ordered by noting the number of the reason in the space next to the test ordered. If a specific test is not supported by documentation in the medical record or is clearly for screening purposes, the test must be designated as a "Screening Test" and must be accompanied by the signed ABN.

Reason		ICD-9 Code	Reason		ICD-9 Code
1.	thrips		2.		
3.	cham		4.		

5. **Screening Tests:** All tests ordered for the purpose of screening, including tests ordered as part of routine physical examinations, must be accompanied by an ABN completed by the ordering physician and signed by the patient. Laboratories may not bill for the services unless the ABN has been completed and signed by the patient prior to the rendition of the service(s).

[illegible]

PHYSICIAN ACKNOWLEDGEMENT AND CERTIFICATION:

The undersigned physician certifies for the Hospital/Laboratory that either: 1. The tests ordered are medically necessary and specific tests ordered on this requisition are necessary for the diagnosis and treatment of the patient; the physician is treating the patient in connection with the diagnoses or complaints listed on this requisition; the information on this requisition accurately reflects the medical reasons for requesting the specific tests ordered on this requisition; and the medical necessity of each of the individual tests ordered on this requisition is appropriately documented in the patient's medical record; or 2. The tests ordered are for purposes of screening that the physician believes is appropriate for the patient even though the payor may not allow reimbursement for the tests; and the fact that payment is likely to be denied by Merit Health Insurance Company has been explained to the patient, who has agreed to pay for the tests personally by signing the attached Advance Beneficiary Notice (ABN).

SIGNATURE

PATHOLOGY TEST REQUISITION

MICKELL-0655

A0771

DEPARTMENT OF PATHOLOGY

Dr. Charles L. Brown, Jr.
2633 Napoleon Ave., #910
New Orleans, La 70115

PATIENT: MICKELL, BARRON
PAT NBR: 000007000434616
ADM/FIN: 000005882251
SEX/AGE: F/61 29 YRS
DR. BROWN, CHARLES L.
LOCATION: WFO - DR#
ADMIT DATE: 09/15/99
DISCHARGE DATE: 09/15/99

CHEMISTRY

COLLECTION DATE 09/15/99
WEEKDAY/DAY OF STAY WED 001
COLLECTION TIME 1034
UNIT (REFERENCE)

ELECTROLYTES

SODIUM	MEQ/L	(137-145)	140
POTASSIUM	MEQ/L	(3.5-5.0)	4.0
CHLORIDE	MEQ/L	(99-108)	103
CO2	MEQ/L	(22-30)	31H
ANION GAP	MEQ/L	(8-16)	62

CHEMISTRY

GLUCOSE	mg/dL	(70-110)	105
BUN	mg/dL	(8-21)	15
CREATININE	mg/dL	(0.2-1.4)	1.2
B/Cr	MG/DL		12.3
CALCIUM	mg/dL	(8.7-10.7)	9.8
BILIRUBIN TOTAL	mg/dL	(0.2-1.3)	0.8
TOTAL PROTEIN	g/dL	(6.3-8.0)	7.2
ALBUMIN	g/dL	(3.8-5.0)	4.6
A/G RATIO	G/DL	(1.1-2.0)	1.7

ENZYMES

SGOT	U/L	(10-34)	33
ALK PHOS	U/L	(50-100)	75

THYROID SCREEN

T3 UPTAKE	%	(28.0-46.0)	38.8
T4	ug/dl	(4.0-12.0)	6.4
T7		(1.1-6.5)	2.8
TSH	MIU/ML	(0.35-6.50)	3.31

LEGEND

L = Low, H = High

Included on Page: CHEMISTRY

Printed: 09/15/99

Continued ..

Page: 1

FINAL

P.03

SEP-20-1999 08:24

MICKELL-0656

A0772

PRINT DATE: 09/15/99
 PRINT TIME: 1756
 ADMIT DATE: 15SEP99

PAGE 3

PATIENT: MICKELL, DARREN
 PAT NBR: 000000000434816
 ADM/PIN: 00000502251
 SEX/AGE: MALE 29 YRS
 DR. BROWN, CHARLES L.
 LOCATION: UPQ

HEMATOLOGY

COLLECTION DATE 09/15/99
 WEEKDAY/DAY OF STAY WED 001
 COLLECTION TIME 1034
 UNIT (REFERENCE)

===== MISCELLANEOUS HEMATOLOGY =====
 SICKLE CELL, SCR (NEG) NEG

URINALYSIS

COLLECTION DATE 09/15/99
 WEEKDAY/DAY OF STAY WED 001
 COLLECTION TIME 1123
 UNIT (REFERENCE)

===== MACROSCOPIC =====

COL TYPE		UNSPEC
PH	(4.6-8.0)	5.0
PROTEIN	(NEG)	NEG
GLUCOSE	(NEG)	NEG
KETONES	(NEG)	NEG
BILE	(NEG)	NEG
BLOOD	(NEG)	NEG
APPEARANCE		CLEAR
COLOR	(STR-AND)	DKYELLOW
SPEC GRAV		>=1.030f
U LEUK EST	(NEG)	NEG
NITRITE	(NEG)	NEG
UROBILIN	E.U/GI (0.2-1.0)	0.2
SPEC GRAV		

NORMAL RANGE: 1.003 - 1.025

MICKELL-0657

A0773

PRINT DATE: 09/15/99
 PRINT TIME: 1756
 ADMIT DATE: 15SEP99

PAGE 2

PATIENT: MICKELL, DAEREN
 PAT NR: (00000)000434616
 ADM/FIN: 000005802281
 SEX/AGE: MALE 25 YRS
 DR. BROWN, CHARLES L.
 LOCATION: UPD

CHEMISTRY

COLLECTION DATE		09/15/99
WEEKDAY/DAY OF STAY		WED 001
COLLECTION TIME		1034
UNIT (REFERENCE)		
LIPID PROFILE		
CHOLESTEROL	mg/dL	167F
TRIGLYCERIDE	mg/dL	119F
HDL	mg/dL (35-55)	46
LDL	mg/dL	113F
CHOLESTEROL	DESIRABLE: <200 mg/dL	BORDERLINE: 200-239 mg/dL HIGH: = OR >240 mg/dL
TRIGLYCERIDE	DESIRABLE: <200mg/dL	BORDERLINE: 200-300mg/dL HIGH: >300mg/dL
	END	
LPL	DESIRABLE: <130mg/dL	BORDERLINE: 130-189mg/dL HIGH: >159mg/dL

HEMATOLOGY

COLLECTION DATE		09/15/99
WEEKDAY/DAY OF STAY		WED 001
COLLECTION TIME		1034
UNIT (REFERENCE)		
CELL COUNTS		
WBC	/cmm (3.5-11.0)	5.4
RBC	/cmm (4.30-8.50)	4.89
HGB	g/dL (13.3-16.7)	14.8
HCT	% (39.0-49.0)	45.1
MCV	uM3 (83.0-98.0)	92.1
MCH	pg (27.6-33.6)	30.4
MCHC	g/dL (32.0-36.0)	32.9
RDW	% (11.5-14.5)	13.5
PLATELET	/cmm (150-350)	281
MPV	uM3 (7.4-10.4)	7.8
% LYMPH	% (15.0-41.0)	42.1H
% MONO	% (3.0-12.0)	6.7
% NEUTROPHILS	% (45.0-75.0)	48.2
% EOS	% (0.0-7.0)	2.6
% BASO	% (0.0-3.0)	0.4

LEGEND

H = High, F = Footnote
 Included on Page:
 Printed: 09/15/99

CHEMISTRY

HEMATOLOGY

Continued .
 Page: 2

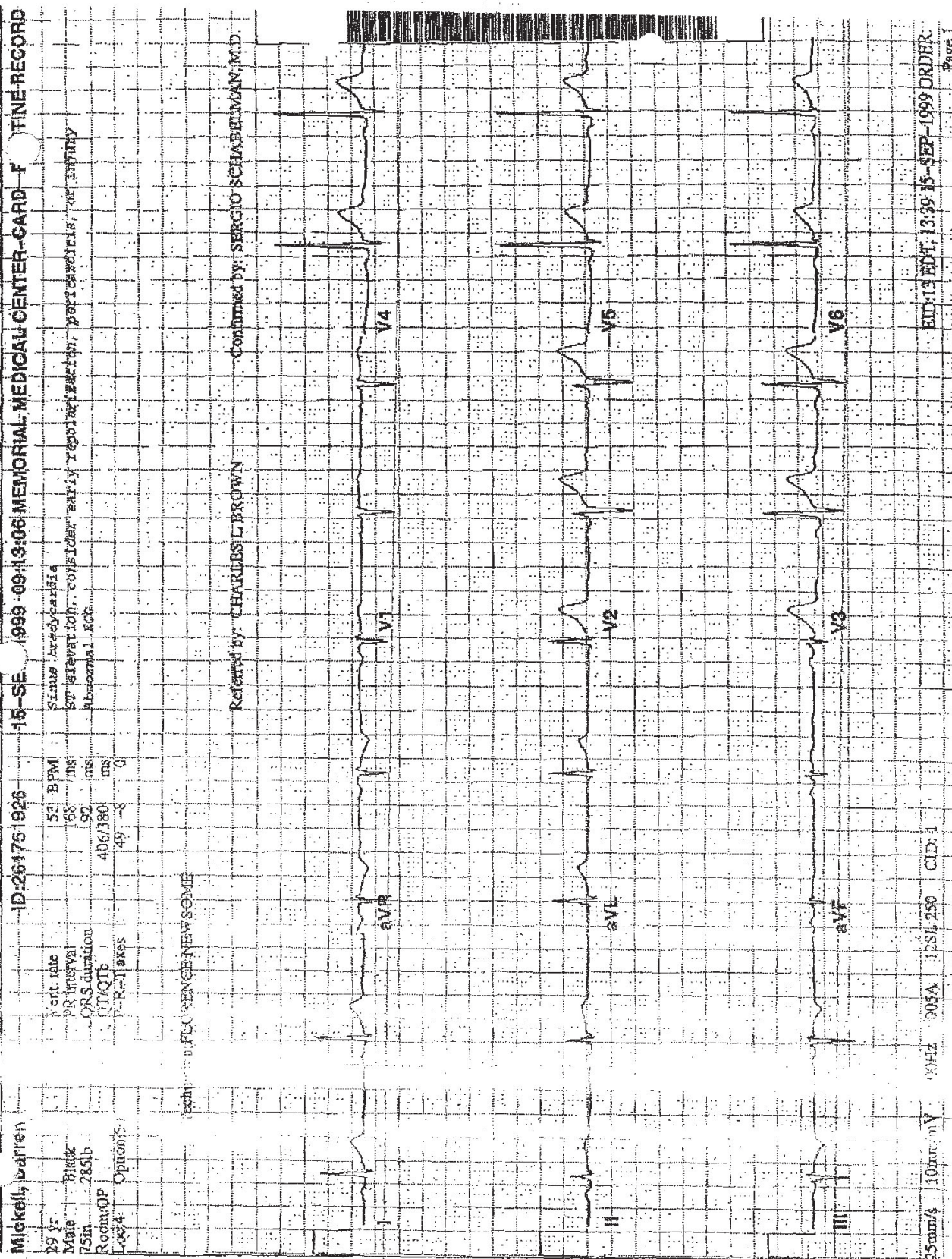
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P.04

SEP-20-1999 08:24

MICKELL-0658

A0774



MICKELL-0659

A0775

P. 01

5048975943

SEP-15-1999 12:32

DEPARTMENT OF PATHOLOGY

Dr. Charles L. Brown, Jr.
2633 Napoleon Ave., #910
New Orleans, La 70115

PATIENT: MICKELL, DARREN

PAT MMR: 000000000434214

ADM/FIN: 0000000000000000

SEX/AGE: MALE 29 YRS

DR. BROWN, CHARLES L. JR

LOCATION: UPO - DRP 0000102

ADMIT DATE: 09/15/99

DISCHARGE DATE: 09/15/99

CHEMISTRY

COLLECTION DATE 09/15/99
WEEKDAY/DAY OF STAY MED 001
COLLECTION TIME 1034
UNIT (REFERENCE)

ELECTROLYTES
CLUT mEq/L (137-145) 140
POTASSIUM mEq/L (3.5-5.6) 4.0
SODIUM mEq/L (137-145) 103
CHLORIDE mEq/L (98-106) 98
ON GAP mEq/L (8-16) 12

CHEMISTRY
COLE mg/dL (70-110) 105
BUN mg/dL (8-21) 15
CREATININE mg/dL (0.2-1.4) 1.2
BUN mg/dL 12.3
CREATININE mg/dL (0.7-1.0) 0.7
INRIN TOTAL mg/dL (0.2-1.3) 0.8
ALBUMIN g/dL (4.3-5.0) 4.6
URICIN g/dL (3.5-5.0) 4.6
BUN/CREATININE g/dL (1.1-2.0) 1.7

ENZYMES
ALT U/L (10-34) 33
ALP U/L (50-100) 76

THYROID SCREEN
T4 U/L (0.8-1.6) 0.8
T3 U/L (0.4-0.8) 0.4
TSH U/L (0.1-0.5) 0.1

END

Low, H = High

Juded on Page: CHEMISTRY

nted: 09/15/99

Continued ...

Page: 1

09/15/1999 13:38 FAX 5048975943

MICKELL-0660

A0776

P.02

5048975943

SEP-15-1999 12:33

PRINT DATE: 09/15/99
 PRINT TIME: 1343
 ADMIT DATE: 15SEP99

PAGE 2

PATIENT: MICKELL, DARREN
 PAT NR#: 10000000000000000000
 ADM/IN: 00000580225
 SEX/AGE: MALE 29 YRS
 DR. BROWN, CHARLES L. JR.
 LOCATION: UPD

CHEMISTRY

UNIT	REFERENCE
LIPID PROFILE	
ESTEROL	167F
GLYCERIDE	119F
mg/dL (35-55)	46
mg/dL	113F
ESTEROL	DESIRABLE: <200 mg/dL BORDERLINE: 200-239 mg/dL HIGH: = OR >240 mg/dL
GLYCERIDE	DESIRABLE: <200mg/dL BORDERLINE: 200-500mg/dL HIGH: >500mg/dL
END	
DESIRABLE: <130mg/dL	BORDERLINE: 130-159mg/dL HIGH: >159mg/dL

HEMATOLOGY

UNIT	REFERENCE
CELL COUNTS	
WBC	4.8-11.0
NEUT	40-60
LYMPH	20-40
PLT	130-400
HGB	13.0-16.5
HCT	38.0-48.0
MCV	85-100
MCH	27-32
MCHC	32-36
RDW	11.5-14.5
WBC	4.0-11.0
NEUT	40-60
LYMPH	20-40
PLT	130-400
HGB	13.0-16.5
HCT	38.0-48.0
MCV	85-100
MCH	27-32
MCHC	32-36
RDW	11.5-14.5

High, f = Footnote
 ended on Page:
 Date: 09/15/99

CHEMISTRY HEMATOLOGY

Continued ...
 Page: 2

MICKELL-0661

A0777

P.03

5048975943

SEP-15-1999 12:33

PRINT DATE: 09/15/99
 PRINT TIME: 1343
 ARMY DATE: 15SEP99

PAGE 3

PATIENT: MICKELL, WARREN
 PAT NR: 00000000000000000000
 ADM/IN: 00000000000000000000
 SEX/AGE: MALE 29 YRS
 DR. BRIM, CHARLES L. JR
 LOCATION: UPQ

HEMATOLOGY

COLLECTION DATE 09/15/99
 WEEKDAY/DAY OF STAY WED 001
 COLLECTION TIME 1034
 UNIT (REFERENCE)

MISCELLANEOUS HEMATOLOGY
 LE CELL SCR (NEG) NEG

URINALYSIS

COLLECTION DATE 09/15/99
 WEEKDAY/DAY OF STAY WED 001
 COLLECTION TIME 1123
 UNIT (REFERENCE)

MACROSCOPIC
 TYPE (4.6-8.0) UNSPEC
 EBN (NEG) NEG
 USE (NEG) NEG
 RES (NEG) NEG
 (NEG) NEG
 (NEG) NEG
 URINCE CLEAR
 R (STR-AB) ORYELLIN
 GROW >1.000
 BK EST (NEG) NEG
 ITE (NEG) NEG
 OLIN E.U./dl (0.2-1.0) 0.2
 GROW
 NORMAL RANGE: 1.000 - 1.020

30
 Footnote

ted: 09/15/99

DEPARTMENT OF PATHOLOGY
 MICKELL, WARREN

END OF REPORT
 PAGE: 3

MICKELL-0662

A0778



MEMORIAL MEDICAL CENTER

BAPTIST CAMPUS
2700 NAPOLEON AVE
NEW ORLEANS, LA 70115

PHONE (504) 897-5957 FAX (504) 897-4459

RADIOLOGY CONSULTATION REPORT
OUT

Name: MICKELL, DARREN

Acct No. 5802251

Room: - DOB: [REDACTED] 70

MR#: 00434816

E#: E-00967717

Exam: CHEST XRAY, TWO VIEWS

DX: PA LAT CXR EKG ERY EXAM

Adm MD: CHARLES L. BROWN, JR, M.D.

Att MD: CHARLES L. BROWN, JR, M.D.

Ord MD: CHARLES L. BROWN, JR, M.D.

Ref MD: CHARLES L. BROWN, JR, M.D.

Dictated by: REUBEN L CHRISTMAN, III, M.D.

Completed by: SW Sep 15, 1999 10:04:00

Approved by:

Print date/time: Sep 15, 1999 13:06

Ordered by:

Sep 15, 1999 09:53:00

** NOTICE: Preliminary report. Not Approved by a Radiologist. **

Clinical: Physical Exam

CHEST, EPA AND LATERAL: 71020

The heart is not enlarged. Each lung is well aerated and clear.

RC/vk/6835

Transcription: MILLION

Dictation Time: Sep 15, 1999 13:05

SEP-15-1999 12:59

P.01

MICKELL-0663

A0779

NI ORLEANS SAINTS FOOTBALL CLUB

PLAYER'S HEALTH HISTORY

28M
UPW 285 6'4 1/2"

NAME: <u>Darren Mickell</u>	HOME PHONE #: <u>967-3099</u>
ADDRESS: <u>1354 W Esplanade</u>	CITY: <u>LA</u> STATE: <u>LA</u> ZIP: <u>70065</u>

1. IF YOU HAVE HAD ANY OF THE FOLLOWING, PLEASE CHECK (✓) BESIDE THAT ITEM:

MUMPS..... <input type="checkbox"/>	RUPTURE..... <input type="checkbox"/>	STOMACH, LIVER OR BOWEL DIS..... <input type="checkbox"/>
SCARLET FEVER..... <input type="checkbox"/>	HEMORRHOIDS..... <input type="checkbox"/>	BONE OR JOINT DEFORMITY..... <input type="checkbox"/>
DIPHTHERIA..... <input type="checkbox"/>	TUMOR, GROWTH, CANCER..... <input type="checkbox"/>	LOSS OF FINGER, TOE, ETC..... <input type="checkbox"/>
PNEUMONIA..... <input type="checkbox"/>	KIDNEY STONE OR INFECT..... <input type="checkbox"/>	PAINFUL SHOULDER OR ELBOW..... <input type="checkbox"/>
RHEUMATIC FEVER..... <input type="checkbox"/>	SKIN DISEASE..... <input type="checkbox"/>	"TRICK" OR LOCKED KNEE..... <input type="checkbox"/>
HAY FEVER..... <input type="checkbox"/>	VENEREAL DISEASE..... <input type="checkbox"/>	BACK TROUBLE..... <input type="checkbox"/>
ASTHMA..... <input type="checkbox"/>	FREQUENT HEADACHES..... <input type="checkbox"/>	LEG CRAMPS..... <input type="checkbox"/>
GOITER (THYROID)..... <input type="checkbox"/>	DIZZY OR FAINTING..... <input type="checkbox"/>	FOOT TROUBLE..... <input type="checkbox"/>
TUBERCULOSIS..... <input type="checkbox"/>	VISUAL DIFFICULTIES..... <input type="checkbox"/>	CAR, TRAIN, AIR SICKNESS..... <input type="checkbox"/>
FREQUENT SORE THROAT..... <input type="checkbox"/>	EAR, NOSE, THROAT DIS..... <input type="checkbox"/>	DIFFICULTY SLEEPING..... <input type="checkbox"/>
DIABETES..... <input type="checkbox"/>	CHRONIC, FREQUENT COLDS..... <input type="checkbox"/>	DEPRESSION OR NERVOUSNESS..... <input type="checkbox"/>
HEART MURMUR..... <input type="checkbox"/>	SINUSITIS..... <input type="checkbox"/>	LOSS OF MEMORY..... <input type="checkbox"/>
HIGH BLOOD PRESSURE..... <input type="checkbox"/>	CHEST PAIN OR PRESSURE..... <input type="checkbox"/>	CHRONIC COUGH..... <input type="checkbox"/>
NIGHT SWEATS..... <input type="checkbox"/>	APPENDICITIS..... <input type="checkbox"/>	FREQUENT INDIGESTION..... <input type="checkbox"/>

2. HAVE YOU EVER: (ANSWER YES OR NO)

WORN GLASSES..... <u>NO</u>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS..... <u>NO</u>
WORN HEARING AIDS..... <u>NO</u>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION..... <u>NO</u>
STUTTERED OR STAMMERED..... <u>NO</u>	HAD ANY REACTION TO SERUM, DRUGS OR MEDICINE..... <u>NO</u>
WORN A BACK BRACE OR SUPPORT..... <u>NO</u>	

3. LIST ALL OPERATIONS, FRACTURES, INJURIES, AND SERIOUS ILLNESSES THAT YOU HAVE HAD:

Shoulder & Knee Operation

4. ARE YOU TAKING ANY MEDICATIONS AT THIS TIME? NO WHAT? _____5. ARE THERE ANY SERIOUS ILLNESSES IN YOUR IMMEDIATE FAMILY? NO PLEASE LIST ILLNESSES:

* NOTE: LIST "L & W" IF LIVING AND WELL -- LIST "DEC." IF DECEASED.

MOTHER _____

FATHER _____

BROTHERS & SISTERS 2 new

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION AND THAT IT IS TRUE THE BEST OF MY KNOWLEDGE.

9-15-99

DATE

Darren Mickell

PLAYER'S SIGNATURE

MICKELL-0664

A0780

NEW ORLEANS SAINTS FOOTBALL CLUBGENERAL PHYSICAL EXAMINATION

NAME: _____

Height _____ Weight _____ Temp. _____

Chest Measurement _____ Abdominal Meas. _____

Inspir. _____ Expir. _____

General Appearance ☒

Head, Scalp and Face ☒

Eyes ☒ Visual Acuity: L: 20/ _____ R: 20/ _____

Ears (and Drums) ☒ Nose ☒

Mouth ☒ Teeth _____

Throat ☒ Sinuses ☒ Tonsils ☒

Chest ☒ Lungs ☒

Heart ☒

Blood Pressure (Sitting): 120/80 _____ Pulse Rate _____ After Exer. _____

(Other): _____ 2 Min. After Exer. _____

Abdomen ☒ Genitalia ☒ Hernia ☒

Skin ☒

Lymphatics: Neck ☒ Axilla ☒ Epitrochlear ☒ Inguinal ☒

Anus - Rectum ☒

LABORATORY (DATES)

ECG _____ X-RAYS: Chest _____ Other _____

SEROLOGY _____ HEMOGLOBIN _____

URINALYSIS: Alb. _____ Sugar _____ Occult Bl. _____ Acet. _____

IMMUNIZATIONS (DATES)

Tetanus _____ Influenza _____ Polio _____

Other _____

PHYSICIAN'S SUMMARY

Hydrocele - R

Date

Physician's Signature

NEW ORLEANS SAINTS FOOTBALL UB
ORTHOPEDIC EXAMINATION

NAME _____ DATE _____

1. NECK:History of Injury: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Normal ☒ Restricted ☐ _____2. SHOULDER:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____
*Injury @ Feb 98 - OCC NOW*Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐ _____
*Strong, full range*3. ELBOW SECTION:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐ _____WRIST:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐ _____5. HAND:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____
*@ Little Finger - 5 yrs ago*Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐ _____
*@ Little - 30° extension*6. FINGERS:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____
@ 2 fingers

Deformity: _____

7. SPINE:History of Injury: No ☒ Yes ☐ (If Yes, Describe) _____
OCC BACK Pain MRI 1986

Posture: _____

Range of Motion: Normal ☒ Restricted ☐ _____

NAME: _____

Page 2

8. HIP:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Right: Normal ☐ Restricted ☐ Left: Normal ☐ Restricted ☐9. KNEE:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Measurements: Thigh: Right ☒ Left ☒ Calf: Right ☒ Left ☒Motion and Stability: Right: 2-3+ R -50° full extension, 100° flexion
Left: 3+ L PFLX, 100° flexion, 100° extension10. ANKLE:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐Stability: Right: ☒ Left: ☒11. FOOT:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____12. ACHILLES:History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____

GENERAL REMARKS: _____

Date _____

Physician's Signature _____

MICKELL-0667

A0783

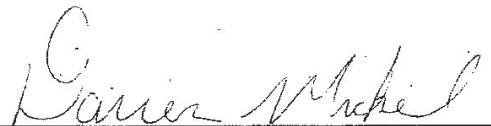
**WARRANTY OF FULL DISCLOSURE OF THE
PHYSICAL AND MENTAL CONDITION OF PLAYER**

To: New Orleans Saints
5800 Airline Highway
Metairie, LA 70003

Player warrants and represents that he has made a full and complete disclosure to the Club's physician of all present or prior physical or mental defects, illnesses, injuries, or conditions known to him or of which he has knowledge, which might prevent, hinder, or impair the performance of his services under his standard player contract. Player further warrants that at the time of his physical examination by the Club's physician on the 15 day of Sept 1999, he has not withheld or failed to disclose any present or previous physical or mental defect, illness, injury, or condition known to him. Player understands and agrees that if any answers given during said physical examination are false or if any information has been withheld, such physical examination will be void and will necessitate the taking of another physical examination to determine the true physical status of the player. Player further agrees to indemnify and hold the Club harmless from the consequence of any injury, illness or deteriorated condition occurring to player during the life of his standard player contract which is attributable to or the result of any defect, illness, injury or condition which player failed to disclose to the Club at the time of his examination.

WORKERS COMPENSATION BENEFITS MAY BE DENIED IF MEDICAL HISTORY IS DETERMINED TO BE FALSE.

Date: 9-15-99



PLAYER'S SIGNATURE

Southern Orthopaedic Specialists
Williams, Habig, Moss, Millet, Finney and Hoff
2731 Napoleon Avenue, New Orleans, LA 70115 * (504) 577-6351

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

June 15, 1998

METAIRIE OFFICE:

Chief complaint: Follow-up, right shoulder arthroscopy.

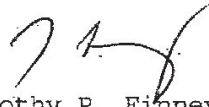
Present illness: Today is Darren's first postoperative visit. He is doing well, with minimal complaints. He had significant labral pathology as well as some rotator cuff fraying. He also underwent subacromial decompression.

Physical examination: The patient's right shoulder portals are healing well. Range of motion is excellent at this point in his rehab. He has no drainage or erythema.

Diagnosis: Status post right shoulder arthroscopy, doing well.

Plan: I would like to place him in formal physical therapy for right shoulder stretching and strengthening.

He will follow-up with me in four weeks.


Timothy P. Finney, M.D.

TPF/cm

cc: Coach Mike Ditka

cc: Mr. Dean Kleinschmidt ✓

cc: Mr. Bill Kuharich

MICKELL-0669

A0785

New Orleans Saints
Postseason Physical Examination

Name: Mickel, Darren Date: 12/12/17

Head: History of Injury No ☒ Yes ☐ If Yes, Describe: _____

Neck: History of Injury No ☒ Yes ☐ If Yes, Describe: _____

Shoulder: History of Injury No ☐ Yes ☒ If Yes, Describe: Shoulder - not a

Upper Extremity: History of Injury No ☒ Yes ☐ If Yes, Describe: _____

Back: History of Injury No ☒ Yes ☐ If Yes, Describe: _____

Knee: History of Injury No ☐ Yes ☒ If Yes, Describe: Due to chronic

Lower Extremity: History of Injury No ☒ Yes ☐ If Yes, Describe: _____

Physician's Comments: Shoulder - Not a

Examiner's Signature: [Signature] Date: 12/12/17

I have been examined by the above named Team Physician and agree with the findings. I have no known physical condition other than those listed above.

Player's Signature: [Signature] Date: 12/12/17

MICKELL-0670

A0786

NEW ORLEANS SAINTS
PLAYER EMERGENCY INFORMATION

NAME: Darren Mickell

SOCIAL SECURITY #: [REDACTED] 1926

BIRTHDATE: [REDACTED] 70

LOCAL PHONE #: 504 441 6799

ALLERGIES: _____

EMERGENCY CONTACT: Patricia Smith

RELATIONSHIP: Mom

EMERGENCY CONTACT PHONE #: 954-437-8742

MICKELL-0671

A0787

*Southern Orthopaedic Specialists
Williams, Habig, Moss, Millet, Finney and Hoff
2731 Napoleon Avenue, New Orleans, LA 70115 * (504) 897-6351*

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

March 4, 1998

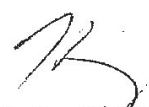
Chief complaint: Evaluation, right shoulder.

Present illness: Darren reports that he initially injured his right shoulder approximately a year ago in a mini-camp with the Saints, and he played throughout the 1997 season with some tenderness of the right shoulder area. He localizes the tenderness over the anterior biceps tendon region. He also has pain with any overhead activities or bench-press lifting activities. He denies any history of subluxation or dislocation of the shoulder.

Physical examination: Darren's right shoulder has full range of motion. He does have a positive Speed test. There is point tenderness over the anterior biceps region; the biceps tendon is intact. He does have mild impingement with cross-body adduction of the Jobe maneuver. His rotator cuff strength appears to be adequate.

Diagnoses: Evidence of right shoulder bicipital tenosynovitis; possible SLAP lesion, with mild subacromial impingement.

Plan: At this point, I sat down with him at length to discuss the options of treatment, with the risks, benefits and limitations of operative versus non-operative treatment. I think because the symptoms have been going on for this long that arthroscopic evaluation of the right shoulder is in order, with possible repair of the SLAP lesion, with subacromial decompression. We will try to schedule this within the next few weeks.


Timothy P. Finney, M.D.

TPF/cm

cc: Coach Mike Ditka
cc: Mr. Dean Kleinschmidt ✓
cc: Mr. Bill Kuharich

MICKELL-0672

A0788

Southern Orthopaedic Specialists
Williams, Habig, Moss, Millet, Finney and Hoffm.
2731 Napoleon Avenue, New Orleans, LA 70115 * (504) 897-6351

File

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

February 20, 1998

METAIRIE OFFICE:

Chief complaint: Right shoulder pain.

Present illness: Darren is here for his right shoulder. He had problems with the right shoulder during the season, and had an MRI last Summer, with a questionable partial tear of the rotator cuff. The shoulder bothered him during the season, and it continues to bother him. He rested during the off season, but he complains of pain when he moves the shoulder. In fact, he thinks that the pain has gotten worse.

Physical examination: Reveals that his shoulder has some pain with range of motion. He moves it a little slowly, particularly with overhead elevation. Rotator cuff strength shows slight weakness which appears to be secondary to pain.

Medical decision making -

Diagnosis: Rotator cuff tendinitis; possible partial tear.

Plan: I feel that since his symptoms have not improved, that he would benefit from arthroscopy of the rotator cuff, and probable acromioplasty. We will set this up.

He is to see Dr. Timothy Finney for this.

Terry L. Habig, M.D.

Terry L. Habig

TLH/cc

cc: Coach Mike Ditka
cc: Mr. Dean Kleinschmidt
cc: Mr. Bill Kuharich

MICKELL-0673

A0789

*Southern Orthopaedic Specialists
Williams, Habig, Moss, Millet, Finney and Hoffn
2731 Napoleon Avenue, New Orleans, LA 70115 * (504) 871-6351*

December 10, 1997

Darren Mickell - Darren is here for follow-up regarding his right shoulder. He injured his shoulder in a game, but he never came in after the game to be seen, nor the next day. I had wanted to get an MRI, which we set up for yesterday. Then he canceled it on his own because he thought he was doing better. He had a right shoulder problem prior to the season. He had some partial tearing of the rotator cuff, treated with exercises, and he has done well. It got injured in a game and he has some soreness, although he does state that it is improving. He also is complaining of some pain in his left knee, located around the knee cap area. He has had previous surgery for chondromalacia of his patella.

Examination of his right shoulder reveals that he has fairly full motion, but he complains of pain with abduction and external rotation. Rotator cuff strength looks good, however, he does have pain with resistance to both abduction and external rotation. There is slight tenderness at the acromioclavicular joint, but there is no deformity and no instability.

Examination of the left knee shows no swelling. There is tenderness just lateral to the patella superiorly. There is full motion and no instability. There is some moderate crepitus. He has a clucking about the patellofemoral area with active range of motion. He has a negative McMurray test.

Diagnoses: 1) Strain to the rotator cuff of the right shoulder.
2) Chondromalacia patella flare up of the left knee.

MICKELL-0674

A0790

NEW ORLEANS SAINTS FOOTBALL CLUB
SUPPLEMENTARY PHYSICAL EXAM

PRINT NAME: Darren MickellDATE: 7-17-97

PLAYER STATEMENT:

List any accident, injuries and/or illnesses since your last physical examination by the club physician. If none, write none.

Shoulder

I am not now suffering from any physical disability which prevents me from playing professional football.

Darren Mickell
Player Signature7-17-97
Date

OR

I am now suffering from the following disability which presently prevents me from playing professional football.

Player Signature_____
Date

PHYSICIAN EXAMINATION:

(R) Shoulder - No ComplaintsFull ROMStrength GoodNo apprehensionD. J. [Signature]
Club Physician Signature7-17-97
Date

Southern Orthopaedic Specialists

GENERAL ORTHOPAEDIC SURGERY • SURGERY OF THE HAND • JOINT RECONSTRUCTION
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Chad W. Millet, M.D.
Timothy P. Finney, M.D.
Gregor J. Hoffman, M.D.

Daniel C. Riordan, M.D.
Retired
J. Kenneth Saer, M.D.
Retired
OFFICE ADMINISTRATOR
Marion Eigenbrod

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

June 2, 1997 TLH Darren is here for his right shoulder. He injured the right shoulder at the last training mini camp when he was hit on the arm during one of the drills and he had some shoulder pain, located in the axillary portion/pectoral area, and a little bit of pain on the top. He was seen by me, and I felt that he had a sprain to the shoulder joint, possibly a strain to the rotator cuff, and he was placed on some exercises. He states that he was doing better with the shoulder but when spring football practice started he aggravated the shoulder again.

Darren saw Dr. Harlan Selesnick in Miami, Florida, this past weekend. Dr. Selesnick is the orthopaedic surgeon for the Miami Heat. Dr. Selesnick called me and indicated that he examined Darren, and he states that he had treated Darren once before for a subluxation to the left shoulder, which responded very nicely to rehabilitation. An MRI was ordered on Darren's right shoulder, and he indicated that the MRI was read by the radiologist as showing evidence of multi-directional instability, impingement syndrome, and partial tear of the rotator cuff. Dr. Selesnick indicated that his recommendation was rehabilitation at this point because of the closeness to the football season. He felt that there was a good chance that this would improve with rehabilitation, and he indicated to me that he had recommended this to Darren and his agent. He did indicate that if symptoms persisted, and Darren did not get well, then he may be a surgical candidate.

I have explained to Darren what my interpretation of the MRI showed, as well as my interpretation of what Dr. Selesnick had advised him.

Darren complains of some pain about the axilla area and points to the axilla/pectoralis area and states that sometimes it is on the top of the shoulder. He denies any feeling of instability. He states that practicing football has aggravated his shoulder.

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FAX 245-0738

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Business FAX 899-7317
Medical FAX 897-6442

3800 Houma Boulevard, Suite 210
Metairie, Louisiana 70006-4151
(504) 455-9500
FAX 455-1617

MICKELL-0676

A0792

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800
Page 2
June 2, 1997

Physical examination shows that he has no evidence of atrophy about the shoulder area. The pectoralis tendon is intact. He complains of pain with abduction and external rotation, and he complains of pain with internal rotation of his shoulder. Abduction can be carried out fully, but he complains of some pain overhead. He has no tenderness anteriorly or in the axilla area. He did have some tenderness to direct palpation of the right AC joint. Stressing the shoulder was difficult because he had a hard time trying to relax.

I have told Darren that it is not unusual to have some changes on the MRI, particularly in defensive and offensive linemen who use their shoulders a lot. It is difficult to state for sure if the abnormalities noted on the MRI were all caused by injury a month ago; certainly, since he is painful, however, we have to consider this as a possibility - we have to consider that he has a partial tear of the rotator cuff. I think sometimes it can be difficult to distinguish partial tearing from tendinitis.

I believe Darren's options would be surgical intervention versus rehabilitation. I believe that surgical intervention would take several months to recover from, and I have explained this to Darren. I believe that he has an excellent chance of recovering with rehabilitation but no one knows for sure what will happen.

My recommendation would be to rehabilitate the shoulder, specifically the rotator cuff. If the pain stays localized to the AC joint area, it might be worthwhile to try an injection into the joint. Darren indicated to me that at this point in time he would rather rehabilitate the shoulder than have surgery.

I will discuss the rehabilitation program with the trainer, Dean Kleinschmidt.

Terry L. Habig, M.D.

TLH/cm

cc: Coach Mike Ditka
cc: Mr. Dean Kleinschmidt
cc: Mr. Bill Kuharich

MICKELL-0677

A0793

MICKEL, DARREN (5/31/97) Discussed with the patient and patient's agent the findings of the MRI consistent with likely multidirectional instability. There is likely partial thickness rotator cuff tear near its distal attachment with tendinitis of the rotator cuff tendon and mild impingement. Probable small labral tear. Will initially recommend rehabilitation program to see if this is effective in decreasing his symptoms. He will discuss this with the New Orleans Saints' doctor, Dr. Habig. He will get a copy of the MRI scan and determine whether he thinks conservative treatment versus arthroscopic intervention is indicated. The plan is agreeable with the patient.
HS/amt

MICKEL, DARREN (5/31/97) TELEPHONE CONVERSATION: Discussed the findings of the MRI with Dr. Habig, the orthopaedist with the New Orleans Saints. He will followup with Darren Mickel next week.

HS/amt

MICKELL-0678

A0794

Southern Orthopaedic Specialists

GENERAL ORTHOPAEDIC SURGERY • SURGERY OF THE HAND • JOINT RECONSTRUCTION
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J. Kenneth Saer, M.D.
Retired
OFFICE ADMINISTRATOR
Marion Eigenbrod

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

April 28, 1997 TLH Darren states that he was participating in mini-camp on Friday, and he thinks he remembers his arm being out to the side in an abducted position and somebody hit it, and he strained it. He does not remember it feeling like it came out of socket but he gradually developed some pain in the shoulder, and that night it got worse and the next day he had increased pain. He states that toward the end of the season last year he had some burning in both shoulders, but the pain subsided. He has a history of a subluxation to the left shoulder while playing for Kansas City.

Examination of his shoulder reveals that he has no swelling or atrophy. He has no tenderness at the AC joint. He is just complaining of some pain with extreme ranges of motion of abduction and external rotation and internal rotation. He complains of pain in the axilla. His rotator cuff strength looks good, although he complains of pain with resistance to abduction. When stressing the shoulder anteriorly caused no pain. He has a little bit of pain when stressing the shoulder inferiorly. I could not detect any instability when stressing the shoulder.

X-rays of the shoulder in internal and external rotation views are negative.

My impression is sprain/strain to the shoulder joint capsule, and possibly rotator cuff.

I have suggested rest as far as stressing the shoulder, and rotator cuff strengthening as the pain diminishes.

Terry L. Habig, M. D.

TLH/cc
cc: Coach Mike Ditka
cc: Mr. Dean Kleinschmidt
cc: Mr. Bill Kuharich

340 Read Boulevard, Suite 120
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FAX 455-1617

MICKELL-0679

A0795



NEW ORLEANS LOUISIANA SAINTS

5800 Airline Highway • Metairie, LA 70003 • 504-733-0255

Many drugs are harmful to individuals participating in strenuous physical activity.

It is important that you discuss with your doctor any drugs you are now taking.

Do not take any medication in Training Camp unless prescribed to you by the Team Physician.

I understand the above.

4-24-97
DATE

Darren Mickell
SIGNATURE

Darren Mickell
PRINT NAME

Keasha

272-7528

NEW ORLEANS SAINTS FOOTBALL UB

PLAYER'S HEALTH HISTORY

NAME: _____		HOME PHONE #: _____	
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____

1. IF YOU HAVE HAD ANY OF THE FOLLOWING, PLEASE CHECK (✓) BESIDE THAT ITEM:

MUMPS	<input type="checkbox"/>	RUPTURE	<input type="checkbox"/>	STOMACH, LIVER OR BOWEL DIS.	<input type="checkbox"/>
SCARLET FEVER	<input type="checkbox"/>	HEMORRHOIDS	<input type="checkbox"/>	BONE OR JOINT DEFORMITY	<input type="checkbox"/>
DIPHTHERIA	<input type="checkbox"/>	TUMOR, GROWTH, CANCER	<input type="checkbox"/>	LOSS OF FINGER, TOE, ETC.	<input type="checkbox"/>
PNEUMONIA	<input type="checkbox"/>	KIDNEY STONE OR INFECT	<input type="checkbox"/>	PAINFUL SHOULDER OR ELBOW ..	<input type="checkbox"/>
RHEUMATIC FEVER	<input type="checkbox"/>	SKIN DISEASE	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE	<input type="checkbox"/>
HAY FEVER	<input type="checkbox"/>	VENEREAL DISEASE	<input type="checkbox"/>	BACK TROUBLE	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	FREQUENT HEADACHES	<input type="checkbox"/>	LEG CRAMPS	<input type="checkbox"/>
GOITER (THYROID)	<input type="checkbox"/>	DIZZY OR FAINTING	<input type="checkbox"/>	FOOT TROUBLE	<input type="checkbox"/>
TUBERCULOSIS	<input type="checkbox"/>	VISUAL DIFFICULTIES	<input type="checkbox"/>	CAR, TRAIN, AIR SICKNESS	<input type="checkbox"/>
FREQUENT SORE THROAT	<input type="checkbox"/>	EAR, NOSE, THROAT DIS.	<input type="checkbox"/>	DIFFICULTY SLEEPING	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	CHRONIC, FREQUENT COLDS	<input type="checkbox"/>	DEPRESSION OR NERVOUSNESS ..	<input type="checkbox"/>
HEART MURMUR	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	LOSS OF MEMORY	<input type="checkbox"/>
HIGH BLOOD PRESSURE	<input type="checkbox"/>	CHEST PAIN OR PRESSURE	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>
NIGHT SWEATS	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>

2. HAVE YOU EVER: (ANSWER YES OR NO)

WORN GLASSES _____ LIVED WITH ANYONE WHO HAD TUBERCULOSIS _____
 WORN HEARING AIDS _____ BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION _____
 STUTTERED OR STAMMERED _____ HAD ANY REACTION TO SERUM, DRUGS OR MEDICINE _____
 WORN A BACK BRACE OR SUPPORT _____

3. LIST ALL OPERATIONS, FRACTURES, INJURIES, AND SERIOUS ILLNESSES THAT YOU HAVE HAD:

4. ARE YOU TAKING ANY MEDICATIONS AT THIS TIME? YES WHAT? INSULIN

5. ARE THERE ANY SERIOUS ILLNESSES IN YOUR IMMEDIATE FAMILY? _____ PLEASE LIST ILLNESSES:

* NOTE: LIST "L & W" IF LIVING AND WELL -- LIST "DEC." IF DECEASED.

MOTHER _____

FATHER _____

BROTHERS & SISTERS 6 & 6

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION AND THAT IT IS TRUE THE BEST OF MY KNOWLEDGE.

4-24-97
 DATE

[Signature]
 PLAYER'S SIGNATURE

NEW ORLEANS SAINTS FOOTBALL CLUBGENERAL PHYSICAL EXAMINATION

NAME: _____

Height _____ Weight _____ Temp. 99.0°

Chest Measurement _____ Abdominal Meas. _____

Inspir. _____ Expir. _____

General Appearance _____

Head, Scalp and Face _____

Eyes _____ Visual Acuity: L: 20/25 R: 20/25

Ears (and Drums) _____ Nose _____

Mouth _____ Teeth _____

Throat _____ Sinuses _____ Tonsils _____

Chest _____ Lungs _____

Heart _____

Blood Pressure (Sitting): 130/78 Pulse Rate 64 After Exer. _____

(Other): _____ 2 Min. After Exer. _____

Abdomen _____ Genitalia _____ Hernia _____

Skin _____

Lymphatics: Neck _____ Axilla _____ Epitrochlear _____ Inguinal _____

Anus - Rectum _____

LABORATORY (DATES)

ECG _____ X-RAYS: Chest _____ Other _____

SEROLOGY _____ HEMOGLOBIN _____

URINALYSIS: Alb. _____ Sugar _____ Occult Bl. _____ Acet. _____

IMMUNIZATIONS (DATES)

Tetanus _____ Influenza _____ Polio _____

Other _____

PHYSICIAN'S SUMMARY

Date

Physician's Signature

MICKELL-0682

A0798

NAME: _____

Page 2

8. HIP:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted _____ Left: Normal ☒ Restricted _____9. KNEE:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____

Measurements: Thigh: Right _____ Left _____ Calf: Right _____ Left _____

Motion and Stability: Right: _____

Left: _____

10. ANKLE:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted _____ Left: Normal ☒ Restricted _____

Stability: Right: _____ Left: _____

11. FOOT:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____12. ACHILLES:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____

GENERAL REMARKS: _____

Date

Physician's Signature

**WARRANTY OF FULL DISCLOSURE OF THE
PHYSICAL AND MENTAL CONDITION OF PLAYER**

To: New Orleans Saints
5800 Airline Highway
Metairie, LA 70003

Player warrants and represents that he has made a full and complete disclosure to the Club's physician of all present or prior physical or mental defects, illnesses, injuries, or conditions known to him or of which he has knowledge, which might prevent, hinder, or impair the performance of his services under his standard player contract. Player further warrants that at the time of his physical examination by the Club's physician on the _____ day of _____ 19____, he has not withheld or failed to disclose any present or previous physical or mental defect, illness, injury, or condition known to him. Player understands and agrees that if any answers given during said physical examination are false or if any information has been withheld, such physical examination will be void and will necessitate the taking of another physical examination to determine the true physical status of the player. Player further agrees to indemnify and hold the Club harmless from the consequence of any injury, illness or deteriorated condition occurring to player during the life of his standard player contract which is attributable to or the result of any defect, illness, injury or condition which player failed to disclose to the Club at the time of his examination.

WORKERS COMPENSATION BENEFITS MAY BE DENIED IF MEDICAL HISTORY IS DETERMINED TO BE FALSE.

Date: 4-24-97



PLAYER'S SIGNATURE

MICKELL-0684

A0800

December 18, 1996

Mickell
DARREN ~~MIKAL~~

Darren Mikal is here for his left knee. He had a hyperextension injury to the knee. He complains of pain in the front of the knee.

He is tender over the patellar tendon and has no tenderness over the patella. His range of motion is full.

IMPRESSION: Strain, patellar tendon.

Symptomatic measures were suggested.

MICKELL-0685

A0801

November 27, 1996

DARREN MICKELL: Darren is here for his right foot. He developed some pain in his right foot during the game about the first half, and then it got worse. He came in for x-rays, which were negative. He complains of pain over the lateral border of the midfoot-forefoot area.

He is tender when I push underneath the fifth metatarsal head, but the pain is more at the base near the midfoot laterally. There is no tenderness medially and no swelling. His neurovascular status is intact.

IMPRESSION: Sprain to the midfoot-forefoot area laterally.

We will treat this symptomatically with support and treatment and see how he does.

MICKELL-0686

November 18, 1996

DARREN MICKELL: Darren is here for his right elbow and hand. He states that he had injured this before his suspension and then he re-aggravated it yesterday. He has some pain on the medial side of the elbow, and he states he had a hard time straightening it out after the game.

Exam of his elbow shows that he has some tenderness medially, no instability, pain with stressing the elbow, some pain with full extension and flexion. But he appears to have full motion. He also has some swelling and tenderness over the dorsum of the right hand, but full motion.

We will get some x-rays of these areas.

He also sprained his left ankle, but he has no swelling.

I have suggested symptomatic measures for this.

MICKELL-0687

A0803

Southern Orthopaedic Specialists

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Gregor J. Hoffman, M.D.

Daniel C. Riordan, M.D.
Retired
J. Kenneth Saer, M.D.
Retired
OFFICE ADMINISTRATOR
Marion Eigenbrod

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

November 25, 1996 TLH Mr. Mickell is here for his right
foot. He is complaining of pain in
the lateral border of his foot. He is here for x-rays.

X-rays taken in AP, lateral and oblique views reveal no evidence of
any fractures.

Terry L. Habig, M. D.

TLH/cc

cc: Mr. Tom Benson
cc: Mr. Rick Venturi
cc: Mr. Dean Kleinschmidt
cc: Mr. Bill Kuharich

TLH

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(504) 455-9500
FAX 455-1617

MICKELL-0688

P. 02

FROM : Panasonic FAX SYSTEM

PHONE NO. :

Nov. 18 1995 09:55AM P1

CYBEX ISOKINETIC TEST EVALUATION

cybex hospital

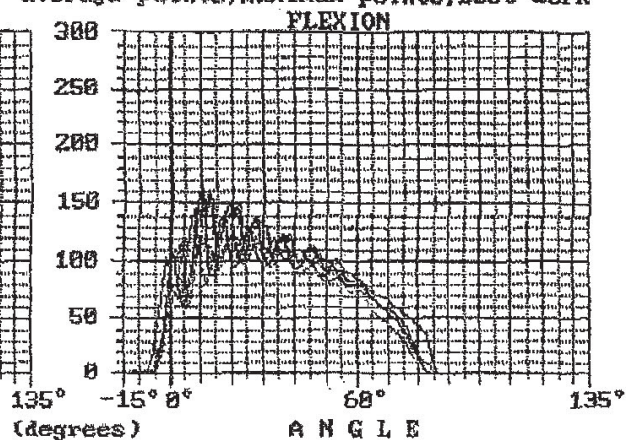
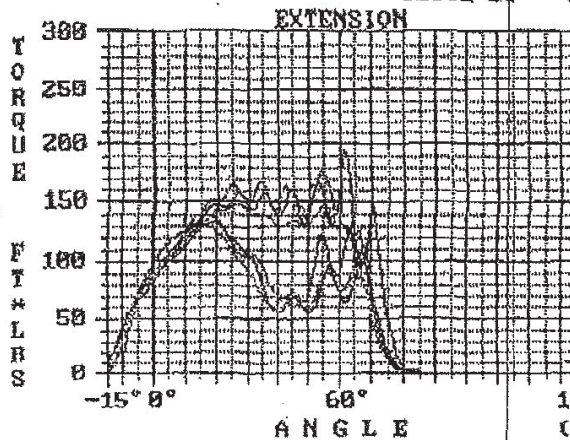
PATIENT: darren . mickell

00170

KNEE EXTENSION/FLEXION

BI-LATERAL TRIAL REPORT

BODYWEIGHT 205 lbs 205 lbs

SPEED 90 DEG/SEC LEGEND: TEST1 RU
TEST2 LIaverage points, maximum points, best work
average points, maximum points, best work

SIDE(S) TESTED/DATE(S)	RU 10/05/1996			LI 10/05/1996			DEFICIT %		
SPEED (deg/sec)	90	180	300	90	180	300	90	180	300
FLEXION									
PEAK TORQUE (ftlbs)	154	132	108	163	118	79	-4	12	24
PEAK TORQUE %BW	34%	46%	37%	57%	40%	27%			
TOTAL WORK (BWR, ftlbs)	138	95	74	128	79	58	7	14	25
TOTAL WORK (BWR) %BW	48%	33%	25%	44%	27%	19%			
AVG. POWER (BWR, WATTS)	171	231	292	166	194	217	2	16	27
AVG. POWER (BWR) %BW	60%	81%	104%	58%	62%	76%			
TOTAL WORK (ftlbs)			606			476			21
ENDURANCE RATIO			72%			69%			
EXTENSION									
PEAK TORQUE (ftlbs)	192	203	170	138	143	131	28	29	28
PEAK TORQUE %BW	67%	71%	59%	48%	50%	45%			
TOTAL WORK (BWR, ftlbs)	188	167	153	127	120	117	32	28	23
TOTAL WORK (BWR) %BW	65%	58%	53%	44%	42%	41%			
AVG. POWER (BWR, WATTS)	244	419	620	162	297	465	33	29	25
AVG. POWER (BWR) %BW	85%	147%	217%	54%	104%	163%			
TOTAL WORK (ftlbs)			1321			942			28
ENDURANCE RATIO			136%			107%			
FLEXION/EXTENSION RATIO AND ROM									
PEAK TORQUE	81%	65%	63%	118%	80%	60%			
TOTAL WORK (BWR)	73%	56%	48%	100%	65%	47%			
AVERAGE POWER (BWR)	78%	55%	48%	102%	65%	46%			
TOTAL WORK			45%			50%			
AVERAGE ROM (DEGREES)	95	104	112	94	104	107	1	0	4
MAX ROM		(118)			(111)			(5)	

COMMENTS

SIGNED

DATE

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MICKELL-0689

A0805

Southern Orthopaedic Specialists

GENERAL ORTHOPAEDIC SURGERY • SURGERY OF THE HAND • JOINT RECONSTRUCTION
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Timothy P. Finney, M.D.
Gregor J. Hoffman, M.D.

Daniel C. Riordan, M.D.
Retired
J. Kenneth Saer, M.D.
Retired
OFFICE ADMINISTRATOR
Marion Eigenbrod

RE: Darren Mickell
Our file: 11-7498-2
Our account: 6800

November 18, 1996 TLH X-ray's of Darren's right elbow
in multiple views and x-ray's of his
right hand in AP, lateral and oblique views are negative for
fractures.

Terry L. Habig, M. D.

TLH/cc

cc: Mr. Tom Benson
cc: Mr. Rick Venturi
cc: Mr. Dean Kleinschmidt ✓
cc: Mr. Bill Kuharich



640 Read Boulevard, Suite 120
New Orleans, Louisiana 70127-3125
(504) 244-9720
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Medical FAX 897-6442

3800 Houma Boulevard, Suite 210
Metairie, Louisiana 70006-4151
(504) 455-9500
FAX 455-1617

MICKELL-0690

A0806

Oct-04-96 12:59P

P.02

**DARREN MICKELL
DAILY TRAINING SCHEDULE**

DAY	TRAINING SITE	TIME
AM SESSION		
MWF	Mackie Shilstone Pro Spa	8:30 a.m.
T-TH	Kenner Regional Medical Center	10:00 a.m.
SAT.	Mackie Shilstone Pro Spa	9:00 a.m.
PM SESSION		
M--F	Kenner Regional Medical Center	1:30 p.m.

NOTE: You will eat lunch daily at 12:00 noon at the Kenner Regional Medical Center Cafeteria with a prescriptive meal. You will be provided with a take-home dinner which will be able to be heated up in a microwave.

You are scheduled for testing at Kenner Regional Medical Center on Monday at 9:00 a.m. for a metabolic study and 10:00 a.m. for a VO2 max test on a stationary cycle. (You need to be fasting.) These tests have been ordered by your team physician, Dr. Charles Brown, to be used to determine the appropriate heart rate training rates for your cardiovascular training. In addition the data will give us insight into the design of your meal plan as well.

Mackie Shilstone Pro Spa
2111 St. Charles Avenue
New Orleans, LA 70115
504-566-1212 EXT. 3051

Kenner Regional Medical Center
180 West Esplanade Avenue
Kenner, LA 70065

The Fitness Center 464-8673
Physical Therapy 464-8173

MS/401
9806:01

MICKELL-0691

A0807

Julian H. Sims, M.D. • Edward L. Soll, M.D. • Michael R. Voth, M.D. • Coleman S. Schneider, M.D.
John L. Heard, M.D. • Daniel R. Rovira, M.D. • Richard B. Levine, M.D.

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TERRY HANIG, M.D.
2731 NAPOLEON AVE.
NEW ORLEANS, LA 70115

P
A
T
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T

DARREN MICKELL
5800 AIRLINE HWY.
METAIRIE, LA 70003

DATE OF EXAM	DATE TRANSCRIBED	FILM #	REPORT VIA	AGE	DATE OF BIRTH	PHONE #
10/01/96	10/02/96	076519	AUTOFAX	26	70	(504)000-0000

LIMITED BONE SCAN - BOTH FEET AND ANKLES

The patient presents for evaluation of the feet and ankles with pain in the region of the feet and ankles.

Approximately 20mCi of Technetium 99m MDP isotope material were utilized.

Scans were performed of both feet and ankles. There was a focal area of increased activity in the region of the left proximal foot.

There was also a focal area of increased activity in the region of the right proximal foot and a second slightly smaller focal area of increased activity being identified in the distal phalange region of the right great toe. There was no evidence of increased activity in the region of the ankles.

Thank You For Allowing Us To Examine This Patient.

Radiology

MICKELL-0692

A0808

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Daniel C. Riordan, M.D.
Retired
J. Kenneth Saer, M.D.
Retired
OFFICE ADMINISTRATOR
Marion Eigenbrod

RE: Darren Mickell
Our file: 11-7498-2
Our account: 68000

September 24, 1996 TLH X-rays of his right elbow are
negative for a fracture. X-rays of
the right big toe show a small dorsal spur on the proximal phalanx.
There is no evidence of a fracture.

Terry L. Habig, M. D.

TLH/cc

cc: Mr. Tom Benson
cc: Coach Jim Mora
cc: Mr. Dean Kleinschmidt
cc: Mr. Bill Kuharich ✓

TLH

440 Read Boulevard, Suite 120
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FAX 455-1617

MICKELL-0693

A0809

September 5, 1996

DARREN MICKELL: Darren is here for his right knee. He states that he got hit in the game on the knee on the front and has developed some swelling. The knee that usually gives him a problem is more his left knee. But he states his right knee bothers him some.

Exam shows just a little thickening of the knee, some pain or tightness with flexion, no instability, negative McMurray's test.

IMPRESSION: Contusion with slight swelling.

We will treat this symptomatically.

September 23, 1996

DARREN MICKELL: Darren is here for three things. The first is he got hit on the left anterior hip area early in the game and has some soreness over this hip flexor. He also got hit on the right elbow. He complains of pain on the medial side of the elbow. He has some tenderness and swelling there. Motion is full. The elbow feels stable. But he has pain when I stress the ulnar collateral ligament or medial collateral ligament. He also complains of pain in his right big toe.

Exam shows that he has no swelling. He has pain with motion. He has some restricted motion.

We will get some x-rays of his right elbow and right big toe.

MICKELL-0694

A0810

August 14, 1996

DARREN MICKELL:

Darren Mickell is here for his back. He has been frantically trying to get in shape for the past couple of days. Running and doing some lifting, he has developed some increased back soreness. The stretching has helped. He has no leg pain, no paresthesias. There is no bowel or bladder incontinence.

Back motion is full. He has a little tightness with extension or pain with extension. He has a little tenderness in the lower lumbar area, no spasm. Reflexes are symmetrical. Straight-leg-raise is negative to 90 degrees, no weakness.

I think that he has strained his back just from overdoing it.

Symptomatic measures are suggested.

August 21, 1996

DARREN MICKELL:

Darren Mickell is here for his left knee. His left knee has had a couple of operations. He has chondromalacia, and it has been sore. It has not been swelling. He has no history of injury.

Exam shows that he has no effusion. He has full motion. He does have some mild-to-moderate patellofemoral crepitus with range of motion.

Just symptomatic measures are recommended, avoidance of squats, ice after activity. He is on anti-inflammatory medicine and tolerating it okay. He is wearing a knee sleeve.

MICKELL-0695

A0811



NEW ORLEANS LOUISIANA SAINTS

Many drugs are harmful to individuals participating in strenuous physical activity.

It is important that you discuss with your doctor any drugs you are now taking.

Do not take any medication in Training Camp unless prescribed to you by the Team Physician.

I understand the above.

7-11-96
DATE

Darren Mickell
SIGNATURE

Darren Mickell
PRINT NAME



5800 Airline Highway • Metairie, LA 70003 • (504) 733-0255

ADMINISTRATION
Fax (504) 731-1782

MEDIA RELATIONS
Fax (504) 731-1888

PLAYER PERSONNEL
Fax (504) 731-1768

TICKET OFFICE
Fax (504) 731-1707

MICKELL-0696

A0812

NEW ORLEANS SAINTS FOOTBALL CLUB

PLAYER'S HEALTH HISTORY

NAME: <u>Darren Mickell</u>	HOME PHONE #: <u>516-537-8563</u>
ADDRESS: <u>Lee's Summit</u>	CITY: <u>KS</u> STATE: <u>MO</u> ZIP: <u>64082</u>

1. IF YOU HAVE HAD ANY OF THE FOLLOWING, PLEASE CHECK (✓) BESIDE THAT ITEM:

MUMPS..... <input type="checkbox"/>	RUPTURE..... <input type="checkbox"/>	STOMACH, LIVER OR BOWEL DIS..... <input type="checkbox"/>
SCARLET FEVER..... <input type="checkbox"/>	HEMORRHOIDS..... <input type="checkbox"/>	BONE OR JOINT DEFORMITY..... <input type="checkbox"/>
DIPHTHERIA..... <input type="checkbox"/>	TUMOR, GROWTH, CANCER..... <input type="checkbox"/>	LOSS OF FINGER, TOE, ETC..... <input type="checkbox"/>
PNEUMONIA..... <input type="checkbox"/>	KIDNEY STONE OR INFECT..... <input type="checkbox"/>	PAINFUL SHOULDER OR ELBOW..... <input type="checkbox"/>
RHEUMATIC FEVER..... <input type="checkbox"/>	SKIN DISEASE..... <input type="checkbox"/>	"TRICK" OR LOCKED KNEE..... <input type="checkbox"/>
HAY FEVER..... <input type="checkbox"/>	VENEREAL DISEASE..... <input type="checkbox"/>	BACK TROUBLE..... <input checked="" type="checkbox"/>
ASTHMA..... <input type="checkbox"/>	FREQUENT HEADACHES..... <input type="checkbox"/>	LEG CRAMPS..... <input type="checkbox"/>
GOITER (THYROID)..... <input type="checkbox"/>	DIZZY OR FAINTING..... <input type="checkbox"/>	FOOT TROUBLE..... <input type="checkbox"/>
TUBERCULOSIS..... <input type="checkbox"/>	VISUAL DIFFICULTIES..... <input type="checkbox"/>	CAR, TRAIN, AIR SICKNESS..... <input type="checkbox"/>
FREQUENT SORE THROAT..... <input type="checkbox"/>	EAR, NOSE, THROAT DIS..... <input type="checkbox"/>	DIFFICULTY SLEEPING..... <input type="checkbox"/>
DIABETES..... <input type="checkbox"/>	CHRONIC, FREQUENT COLDS..... <input type="checkbox"/>	DEPRESSION OR NERVOUSNESS..... <input type="checkbox"/>
HEART MURMUR..... <input type="checkbox"/>	SINUSITIS..... <input type="checkbox"/>	LOSS OF MEMORY..... <input type="checkbox"/>
HIGH BLOOD PRESSURE..... <input type="checkbox"/>	CHEST PAIN OR PRESSURE..... <input type="checkbox"/>	CHRONIC COUGH..... <input type="checkbox"/>
NIGHT SWEATS..... <input type="checkbox"/>	APPENDICITIS..... <input type="checkbox"/>	FREQUENT INDIGESTION..... <input type="checkbox"/>

2. HAVE YOU EVER: (ANSWER YES OR NO)

WORN GLASSES..... <u>NO</u>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS..... <u>NO</u>
WORN HEARING AIDS..... <u>NO</u>	bled excessively after injury or tooth extraction..... <u>NO</u>
STUTTERED OR STAMMERED..... <u>NO</u>	HAD ANY REACTION TO SERUM, DRUGS OR MEDICINE..... <u>NO</u>
WORN A BACK BRACE OR SUPPORT..... <u>NO</u>	

3. LIST ALL OPERATIONS, FRACTURES, INJURIES, AND SERIOUS ILLNESSES THAT YOU HAVE HAD:

3rd Left Knee

2nd Right Knee

4. ARE YOU TAKING ANY MEDICATIONS AT THIS TIME? WHAT?

5. ARE THERE ANY SERIOUS ILLNESSES IN YOUR IMMEDIATE FAMILY? PLEASE LIST ILLNESSES:

* NOTE: LIST "L & W" IF LIVING AND WELL - LIST "DEC." IF DECEASED.

MOTHER.....

FATHER.....

BROTHERS & SISTERS.....

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION AND THAT IT IS TRUE THE BEST OF MY KNOWLEDGE.

DATE

PLAYER'S SIGNATURE

MICKELL-0697

A0813

NEW ORLEANS SAINTS FOOTBALL CLUBGENERAL PHYSICAL EXAMINATION

NAME: _____

Height _____ Weight _____ Temp. _____

Chest Measurement _____ Abdominal Meas. _____
Inspir. _____ Expir. _____

General Appearance _____

Head, Scalp and Face _____

Eyes _____

Visual Acuity: L: 20/ _____ R: 20/ _____

Ears (and Drums) _____

Nose _____

Mouth _____

Teeth _____

Throat _____

Sinuses _____

Tonsils _____

Chest _____

Lungs _____

Heart _____

Blood Pressure (Sitting) : _____

Pulse Rate _____

After Exer. _____

(Other): _____

2 Min. After Exer. _____

Abdomen _____

Genitalia _____

Hernia _____

Skin _____

Lymphatics: Neck _____

Axilla _____

Epitrochlear _____

Inguinal _____

Anus - Rectum _____

LABORATORY (DATES)

ECG _____

X-RAYS: Chest _____

Other _____

SEROLOGY _____

HEMOGLOBIN _____

URINALYSIS: Alb. _____

Sugar _____

Occult Bl. _____

Acet. _____

IMMUNIZATIONS (DATES)

Tetanus _____

Influenza _____

Polio _____

Other _____

PHYSICIAN'S SUMMARY

Date _____

Physician's Signature _____

MICKELL-0698

A0814

NEW ORLEANS SAINTS FOOTBALL CLUB
ORTHOPEDIC EXAMINATION

NAME

Darren Mickell

DATE

8/11/96**1. NECK:**History of Injury: Right: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Normal ☒ Restricted ☐**2. SHOULDER:**History of Injury: Right: No ☐ Yes ☒ Left: No ☐ Yes ☒ (If Yes, Describe) '93+ Sep. 1995 out 4 weeks '95
WAD from AC str. 1 mm goodRange of Motion: Right: Normal ☐ Restricted ☐ Left: Normal ☐ Restricted ☐**3. ELBOW SECTION:**History of Injury: Right: No ☒ Yes ☐ Left: No ☐ Yes ☒ (If Yes, Describe) 11/94 (1) let continueRange of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐**4. WRIST:**History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐**5. HAND:**History of Injury: Right: No ☒ Yes ☐ Left: No ☒ Yes ☐ (If Yes, Describe) _____Range of Motion: Right: Normal ☒ Restricted ☐ Left: Normal ☒ Restricted ☐**6. FINGERS:**History of Injury: Right: No ☐ Yes ☒ Left: No ☒ Yes ☐ (If Yes, Describe) '93 (10) Hand 1st 2nd 3rd
1st 2nd 3rd 4th 5th

Deformity: _____

7. SPINE:History of Injury: Right: No ☐ Yes ☒ (If Yes, Describe) all lig, low back tightness
MRI 6/96 - neg. ruptured discPosture: S/L - only, except tight hamstringRange of Motion: Normal ☐ Restricted ☐

MICKELL-0699

A0815

NAME: _____

Page 2

8. HIP:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

9. KNEE:History of Injury: Right: No _____ Yes ☒ Left: No _____ Yes ☒ (If Yes, Describe) HAAS Anti-inflam.Measurements: Thigh: Right _____ Left _____ Calf: Right _____ Left _____
Motion and Stability: Right: 2+ eff-cramp; 4 5° extension; stableLeft: 2-3+ cramp PP; 4 5° extension; stable10. ANKLE:History of Injury: Right: No _____ Yes _____ Left: No _____ Yes ☒ (If Yes, Describe) 193 & '95 out with '95 sprain

Range of Motion: Right: Normal _____ Restricted _____ Left: Normal _____ Restricted _____

Stability: Right: _____ Left: _____

11. FOOT:History of Injury: Right: No _____ Yes ☒ Left: No _____ Yes ☒ (If Yes, Describe) Run Extension12. ACHILLES:History of Injury: Right: No ☒ Yes _____ Left: No ☒ Yes _____ (If Yes, Describe) _____GENERAL REMARKS: Not in condition to play football

Date

Physician's Signature

MICKELL-0700

A0816

**WARRANTY OF FULL DISCLOSURE OF THE
PHYSICAL AND MENTAL CONDITION OF PLAYER**

To: New Orleans Saints
5800 Airline Highway
Metairie, LA 70003

Player warrants and represents that he has made a full and complete disclosure to the Club's physician of all present or prior physical or mental defects, illnesses, injuries, or conditions known to him or of which he has knowledge, which might prevent, hinder, or impair the performance of his services under his standard player contract. Player further warrants that at the time of his physical examination by the Club's physician on the 11 day of August 1996, he has not withheld or failed to disclose any present or previous physical or mental defect, illness, injury, or condition known to him. Player understands and agrees that if any answers given during said physical examination are false or if any information has been withheld, such physical examination will be void and will necessitate the taking of another physical examination to determine the true physical status of the player. Player further agrees to indemnify and hold the Club harmless from the consequence of any injury, illness or deteriorated condition occurring to player during the life of his standard player contract which is attributable to or the result of any defect, illness, injury or condition which player failed to disclose to the Club at the time of his examination.

WORKERS COMPENSATION BENEFITS MAY BE DENIED IF MEDICAL HISTORY IS DETERMINED TO BE FALSE.

Date: _____

PLAYER'S SIGNATURE

MICKELL-0701

A0817

Baptist Medical Center

HEALTH MIDWEST

SPORTS MEDICINE DISCHARGE REPORT

Patient Name:	Darren Mickel	Date of Re-Eval:	8/1/96
Patient No.:	80080735	Medical Record #:	355741
Diagnosis:	L4/L5 protruding disc	Onset Date:	Insidious
Physician:	Dr. Habig	Expected visits until D/C:	0

PROGRESS SUMMARY:

Mr. Mickel was seen at the Baptist Sports Medicine Department two times from 6/26 through 6/27/96. He did not show for scheduled visits four times from 6/28/96 through 7/3/96.

The client's treatment consisted of trunk/pelvic flexibility and strengthening, with emphasis on hip/lower extremity flexibility and trunk stability, specifically the lower abdominals and gluteal musculature. The client was progressing as expected, performing the exercise program without any signs of discomfort/dysfunction.

We have not seen Mr. Mickel since 6/27/96 and assume he is in no further need of supervised physical therapy at this time.

If there is anything further we can do for Mr. Mickel in the future, please do not hesitate to contact us.

Thank you for this referral.

Professionally,

Michael J. Bolander, P.T.

MB:bam accutype

cc: Dean Kleinschmidt
ATC Head Trainer
New Orleans Saints

Dan H. Anderson

President

6601 Rockhill Road ■ Kansas City, MO 64131 ■ 816/276-7000

MICKELL-0702

A0818



NEW ORLEANS LOUISIANA SAINTS

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I authorize Kansas City Chiefs
Name of Team

who treated Darren Mickell to
Full Name of Patient

release to Terry L. Habig, M.D. and/or Charles L. Brown, Jr., M.D.

*

5800A-line Highway Metairie LA 70003

the following information from my medical record.

- ☒ Diagnoses, including those relating to alcohol or drug abuse, if any
- ☒ History and Physical Examination reports
- ☒ Consultation
- ☒ Laboratory and X-ray reports
- ☒ Physician's Progress Notes
- ☐ Physician's Discharge Summary
- ☐ Complete Hospital Record
- ☒ Operative Report
- ☐ Other: _____

I understand that the information indicated above is considered confidential and is to be utilized by the recipient only for the following purpose:

- ☒ For treatment by the physicians indicated above
- ☐ For processing of my insurance claim
- ☐ For application of insurance
- ☐ Other: _____

Specify other limited purpose

I understand that I may revoke this consent at any time, and that in any event, it will expire one (1) year from this date, unless sooner revoked, and that upon fulfillment of the above-stated purpose this consent will automatically expire without my express revocation.

Signed Ken D. Minyan
Witness

Signed Jane M. H.
Patient

Patient's Date of Birth & SS#

4-28-96

Date of Signature



09288 Saints Dr. • Metairie, LA 70003 • (504) 733-0255 • Fax (504) 733-8325

MICKELL-0703

A0819

Baptist Medical Center

HEALTH MIDWEST

PHYSICAL THERAPY EVALUATION SUMMARY

Patient Name:	Darren Mickell	Date of Eval:	6/26/96
Patient No.:	80080735	Medical Record #:	355741
Diagnosis:	L4-L5 protruding disc	Onset Date:	Insidious
Physician:	Dr. Habig	Case Manager:	

A copy of the detailed evaluation is available upon request. If you have any questions or modifications regarding his treatment, please contact our office at any time.

ASSESSMENT:

L4-L5 disc protrusion.

The client demonstrates deficits in the following areas:

1. Decreased postural awareness.
2. Decreased lumbar spine range of motion compared to AMA guidelines.
3. Decreased pelvic/lower extremity flexibility.
4. Decreased-trunk/pelvic strength.
5. Specific tenderness along the right lumbar paraspinals and quadratus lumborum musculature.

GOALS:**Short Term:**

1. Demonstrate increased postural awareness.
2. Lumbar spine range of motion to within AMA guidelines.
3. Pelvic/lower extremity flexibility increased by 10%.
4. Lower abdominal/gluteal strength increased by one muscle grade.
5. Independence in a home exercise program.

Long Term:

1. Lumbar spine range of motion within normal limits.
2. Pelvic/lower extremity flexibility within normal limits.
3. Trunk/pelvic stability to within normal limits.
4. Return to pre-injury level of activity including professional football.

Dan H. Anderson

President

6601 Rockhill Road ■ Kansas City, MO 64131 ■ 816/276-7000

MICKELL-0704

A0820

MEDICAL
LABORATORY

NAME: MICKELL DARREN	NS: DMG	1134 04/26/95	PG 1
H# : 12781	ROOM: [REDACTED]	DR: WAECKERLE, JOE	- C51275
R# :	DOB: [REDACTED] 1970	SEX: M	AGE: 24Y

ACC#	RESULTS	ABNORMAL RESULTS	NORMAL LO HI	UNITS
9983 C:2043 04/25/95				
COMPLETE UA				
/ COLOR	STRAW			
/ TRANSPARENCY	CLEAR			
/ SP GRAV	1.021		1.005 1.030	
/ PH	7		5.0 8.5	
/ PROTEIN	NEGATIVE			
/ GLUCOSE	NEGATIVE			
/ RED SUB	NOT APPLICABLE			
/ KETONE	NEGATIVE			
/ BILE	NEGATIVE			
/ OCC BLD	NEGATIVE			
/ NITRITE	NEGATIVE			
/ URINE LEUKOCYTE	NEGATIVE			
/ UROB	NORMAL			
/ WBC	NONE SEEN			
/ RBC	NONE SEEN			
/ SG EPIT	FEW			
/ CAST	NONE SEEN			
/ CAST	NONE SEEN			
/ CRYSTAL	NONE SEEN			
/ CRYSTAL	NONE SEEN			
/ OTHER	NONE SEEN			
/ OTHER	NONE SEEN			
9984 C:2043 04/25/95				
CHEM 26				
/ GLUCOSE	94		70 110	MG/DL
/ UREA N	13		6 22	MG/DL
/ CREATININE		1.4	.5 1.2	MG/DL
/ BUN/CREATININE	9			
/ URIC ACID	6.6		2.5 9.2	MG/DL
/ CALCIUM	9.9		8.7 10.7	MG/DL
/ PO4	3.6		2.6 4.9	MG/DL
/ ALK PHOS	71		37 107	U/L
/ T.BILI	.6		.2 1.2	MG/DL
/ TOTAL PROTEIN	7.3		6.1 8.2	G/DL
/ ALBUMIN	4.3		3.5 5.0	G/DL
/ GLOBULIN	3.0		1.4 3.5	G/DL
/ AG RATIO	1.4		1.1 1.8	
/ LDH		204	110 188	IU/L
/ GOT	43		10 45	U/L
/ GPT	33		11 44	U/L
/ GGTP		76	8 69	U/L
/ CHOLESTEROL	175		100 199	MG/DL

MICKELL DARREN

SPECIMEN CONTINUED

PG 1

751056

MICKELL-0705

A0821

MEDICAL
LABORATORY

NAME: MICKELL DARREN	NS: DMG	DR: WAECKERLE, JOE	1134 04/26/95 PG 2
H# : 12781	ROOM: [REDACTED]	SEX: M	AGE: 24Y - C51275
R# :	DOB: [REDACTED] 1970		

ACC#	RESULTS	ABNORMAL RESULTS	NORMAL LO HI	UNITS
/	TRIGLYCERIDES	204	35 200	MG/DL
/	HDL	45	45 100	MG/DL
/	LDL	89	0 160	MG/DL
/	VLDL	41		MG/DL
/	SODIUM	143	135 148	MMOL/L
/	POTASSIUM	4.3	3.5 5.3	MMOL/L
/	CHLORIDE	102	100 112	MMOL/L
/	IRON	88	45 160	UG/DL
/	RPR	NON REACTIVE		
/	T4	6.5	4.0 11.0	UG/DL
/	ULTRA SENS. TSH	1.6	.4 6.1	MICIU/ML
CBC				
/	WBC	7.0	3.8 10.1	K/CMM
/	RBC	5.26	4.40 5.80	M/CMM
/	HEMOGLOBIN	15.6	13.8 17.2	G/DL
/	HEMATOCRIT	47.2	41 50	%
/	MCV	90	81 100	FL
/	MCH	29.7	27 34	PG
/	MCHC	33.2	31 37	GM/DL
/	RDW	13.3	0 14.8	%
/	PLAT CT	260	150 400	K/CMM
/	NEUTROPHI	52.6		%
/	LYMPH	37.7		%
/	MONO	6.3		%
/	EOS	2.7		%
/	BASO	.7		%

MICKELL DARREN

END OF REPORT

PG 2

WAECKERLE, JOE
KANSAS CITY CHIEFS
1 ARROWHEAD DRIVE KCMO 64129

MICKELL-0706

A0822